2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# 768589

Entity Name: GOLF POINTE AT PALM-AIRE COUNTRY CLUB ASSOCIATION, INC.

Current Principal Place of Business:

9031 TOWN CENTER PKWY
BRADENTON, FL 34202 US

New Principal Place of Business:

Current Mailing Address:

9031 TOWN CENTER PKWY
BRADENTON, FL 34202 US

New Mailing Address:

FEI Number: 59-2323454 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMI-ADVANCED MANAGEMENT INC.
9031 TOWN CENTER PKWY
BRADENTON, FL 34202 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	BALDINGER, STUART	
Address:	5581 GLOF POINTE DR	
City-St-Zip:	SARASOTA, FL 34243	
Title:	S	( ) Delete
Name:	LANE, SHIRLEY	
Address:	5570 GOLF POINTE DR	
City-St-Zip:	SARASOTA, FL 34243	
Title:	P	( ) Delete
Name:	BENNETT, ROBERT	
Address:	7261 GOLF POINTE WAY	
City-St-Zip:	SARASOTA, FL 34243	
Title:	D	( ) Delete
Name:	GANZ, JAN	
Address:	7302 GOLF POINTE CIR	
City-St-Zip:	SARASOTA, FL 34243	
Title:	D	( ) Delete
Name:	O'LEARY, DAN	
Address:	7260 GOLF POINTE WAY	
City-St-Zip:	SARASOTA, FL 34243	
Title:	T	( ) Delete
Name:	CAMENS, JERRY	
Address:	5647 GOLF PT DR	
City-St-Zip:	SARASOTA, FL 34243	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT BENNETT P 04/16/2009

Electronic Signature of Signing Officer or Director — Date