

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K80594

**FILED**  
**Jun 19, 2009**  
**Secretary of State**

**Entity Name:** GOLF COURSE ASSOCIATES OF SPRING LAKE, INC.

**Current Principal Place of Business:**

200 HEALTHY WAY  
SEBRING, FL 33870

**New Principal Place of Business:**

200 HEALTHY WAY  
SEBRING, FL 33876

**Current Mailing Address:**

200 HEALTHY WAY  
SEBRING, FL 33870

**New Mailing Address:**

200 HEALTHY WAY  
SEBRING, FL 33876

**FEI Number:** 59-2954619

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BREED, E. MARK, III  
335 SOUTH COMMERCE  
SEBRING, FL 33870 US

**Name and Address of New Registered Agent:**

BREED, E. MARK, III  
325 N COMMERCE AVE  
SEBRING, FL 33870 US

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:

06/19/2009

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: ST ( ) Delete  
Name: SPIKES, BETHANY C  
Address: 6417 LAKESHORE RD  
City-St-Zip: SEBRING, FL

Title: P ( ) Delete  
Name: TELLSCHOW, MICHAEL  
Address: 200 HEALTHY WY  
City-St-Zip: SEBRING, FL 33870

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ST (X) Change ( ) Addition  
Name: SPIKES, BETHANY C  
Address: 6417 LAKESHORE RD  
City-St-Zip: SEBRING, FL 33876

Title: P (X) Change ( ) Addition  
Name: TELLSCHOW, MICHAEL A  
Address: 200 HEALTHY WY  
City-St-Zip: SEBRING, FL 33876

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A. TELLSCHOW

P

06/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date