

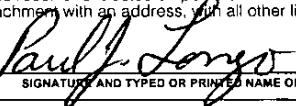


**2006 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

FILED

2006 OCT 20 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N01000002730			
1. Entity Name GOLF FOX CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business PO BOX 494274 PORT CHARLOTTE, FL 33949		Mailing Address PO BOX 494274 PORT CHARLOTTE, FL 33949	
2. Principal Place of Business % 2090-B Big Pass Ln. Suite, Apt. #, etc.		3. Mailing Address % 2090-B Big Pass Ln. Suite, Apt. #, etc.	
City & State Punta Gorda, FL		City & State Punta Gorda, FL	
Zip 33955	Country USA	Zip 33955	Country USA
6. Name and Address of Current Registered Agent W. Kevin Russell 18501 Murdock Circle - 6th floor Port Charlotte, FL 33948		7. Name and Address of New Registered Agent Name: Warren Ross, Esq. Street Address (P.O. Box Number is Not Acceptable): 223 Taylor Street City: Punta Gorda, FL Zip Code: 33950	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		DATE: 10/17/06	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PDT NAME: GRASLAND, CLEMENT STREET ADDRESS: P. O. BOX 3606 CITY-ST-ZIP: PORT CHARLOTTE, FL 33949	<input checked="" type="checkbox"/> Delete	TITLE: President NAME: Paul J. Longo STREET ADDRESS: 218 Gordon Place CITY-ST-ZIP: Freeport, NY 11520	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VSD NAME: WEHRLE, JACQUES STREET ADDRESS: P. O. BOX 3606 CITY-ST-ZIP: PORT CHARLOTTE, FL 33949	<input checked="" type="checkbox"/> Delete	TITLE: Secty/Treasurer NAME: Ken C. Peltó STREET ADDRESS: 45221 Bootjack Rd. CITY-ST-ZIP: Lake Linden, MI 49945	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: 100081083901 STREET ADDRESS: 10/20/06--01067--005 CITY-ST-ZIP: **\$1.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  Paul J. Longo		DATE: 10/19/06 516-546-6537	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	