

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002939

FILED
Apr 21, 2005
Secretary of State

Entity Name: GOLFWAY CENTER OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

245 RIVERSIDE AVENUE
SUITE 500
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

245 RIVERSIDE AVENUE, SUITE 500
ATTENTION: LEGAL DEPARTMENT
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 59-3716614 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARX, CHRISTINE M
245 RIVERSIDE AVENUE
SUITE 500
JACKSONVILLE, FL 32202 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: S () Delete
Name: BOOHER, DOUGLAS A
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: AS () Delete
Name: WHITLATCH, SUSAN G
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: D () Delete
Name: HERRING, FRANK W JR
Address: 4901 VINELAND ROAD SUITE 200
City-St-Zip: ORLANDO, FL 32811 US

Title: DP () Delete
Name: SHALLEY, MICHAEL J
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: DV () Delete
Name: SLAPPEY, BRADFORD A
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: T (X) Delete
Name: JONES, PHILLIP B
Address: 245 RIVERSIDE AVE SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DT (X) Change () Addition
Name: JONES, PHILLIP B
Address: 245 RIVERSIDE AVENUE SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202 US

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 for the exemption stated in Section 119.07(3)(i), 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: SUSAN G. WHITLATCH

AS

04/21/2005

Electronic Signature of Signing Officer or Director

Date