

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N01538 (0)**  
1. Corporation Name  
**GOLF PATIO VILLAS ASSOCIATION, INC.**



Principal Place of Business: **2720 GOLF HAMMOCK DR SEBRING FL 33872**  
Mailing Address: **2720 GOLF HAMMOCK DR SEBRING FL 33872**

3. Date Incorporated or Qualified: **02/20/1984**  
3a. Date of Last Report: **04/05/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	<b>59-2349718</b>	<input type="checkbox"/> Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
25. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>SWAINE, J. MICHAEL 2720 GOLF HAMMOCK DR SEBRING FL 33870</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEIGER, WALTER</b>	1.2 NAME	
STREET ADDRESS	<b>2508 GOLF HAMMOCK DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEBRING FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>TSD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RADER MILDRED</b>	2.2 NAME	
STREET ADDRESS	<b>4040 PAR RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEBRING FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TSD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RADER MILDRED</b>	3.2 NAME	
STREET ADDRESS	<b>4010 PAR RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEBRING FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBINSON, RICHARD</b>	4.2 NAME	
STREET ADDRESS	<b>2720 GOLF HAMMOCK DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEBRING FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FISHER VERL</b>	5.2 NAME	
STREET ADDRESS	<b>2720 GOLF HAMMOCK DR</b>	5.3 STREET ADDRESS	<b>D BONACCI, PATRICK</b>
CITY-ST-ZIP	<b>SEBRING FL</b>	5.4 CITY-ST-ZIP	<b>2600 GOLF HAMMOCK DR</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAN GEIGER</b>	6.2 NAME	
STREET ADDRESS	<b>2618 GOLF HAMMOCK DR</b>	6.3 STREET ADDRESS	<b>SEBRING FL 33872</b>
CITY-ST-ZIP	<b>SEBRING FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Walter Geiger DATE: 4-10-96 DAYTIME PHONE: 941 421 1885  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)