
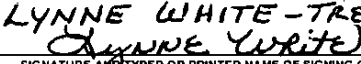


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90192 038 \*\*\*\*70.00

DOCUMENT # N01538					
1. Entity 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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SWAIN, J MICHAEL 425 S COMMERCE AVE SEBRING, FL 33820				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITE, GENE		NAME		
STREET ADDRESS	2402 GOLF HAMMOCK DR.		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33872		CITY-ST-ZIP		
TITLE	TSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITE, LYNNE		NAME		
STREET ADDRESS	2402 GOLF HAMMOCK DR.		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33872		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FREESMEIER, ROBERT		NAME		
STREET ADDRESS	2400 GOLF HAMMOCK DR		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33872		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	COLE, GENE		NAME	PD-Luby WILLIAMSON	
STREET ADDRESS	2710 GOLF HAMMOCK DRIVE E		STREET ADDRESS	2618 GOLF HAMMOCK DR	
CITY-ST-ZIP	SEBRING, FL 33872		CITY-ST-ZIP	SEBRING, FL 33872	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROSSITER, EARL		NAME	D-DICK PAINTON	
STREET ADDRESS	2610 GOLF HAMMOCK DR.		STREET ADDRESS	2716 GOLF HAMMOCK DR	
CITY-ST-ZIP	SEBRING, FL 33872		CITY-ST-ZIP	SEBRING, FL 33872	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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:	LYNNE WHITE - TREASURER-SECRETARY				4-8-05 863-873-9006
					Date
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #

50036563



04082005 Chg-NP CR2E037 (10/03)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

FL Zip Code

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  Delete  
 NAME WHITE, GENE  
 STREET ADDRESS 2402 GOLF HAMMOCK DR.  
 CITY-ST-ZIP SEBRING, FL 33872

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TSD  Delete  
 NAME WHITE, LYNNE  
 STREET ADDRESS 2402 GOLF HAMMOCK DR.  
 CITY-ST-ZIP SEBRING, FL 33872

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VD  Delete  
 NAME FREESMEIER, ROBERT  
 STREET ADDRESS 2400 GOLF HAMMOCK DR  
 CITY-ST-ZIP SEBRING, FL 33872

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE PD  Delete  
 NAME COLE, GENE  
 STREET ADDRESS 2710 GOLF HAMMOCK DRIVE E  
 CITY-ST-ZIP SEBRING, FL 33872

TITLE  Change  Addition  
 NAME PD-Luby WILLIAMSON  
 STREET ADDRESS 2618 GOLF HAMMOCK DR  
 CITY-ST-ZIP SEBRING, FL 33872

TITLE D  Delete  
 NAME ROSSITER, EARL  
 STREET ADDRESS 2610 GOLF HAMMOCK DR.  
 CITY-ST-ZIP SEBRING, FL 33872

TITLE  Change  Addition  
 NAME D-DICK PAINTON  
 STREET ADDRESS 2716 GOLF HAMMOCK DR  
 CITY-ST-ZIP SEBRING, FL 33872

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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SIGNATURE: LYNNE WHITE - TREASURER-SECRETARY 4-8-05 863-873-9006  
  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #