

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 04, 2009
Secretary of State**

DOCUMENT# N01538

Entity Name: GOLF PATIO VILLAS ASSOCIATION, INC.

Current Principal Place of Business:

2720 GOLF HAMMOCK DR
SEBRING, FL 33872

New Principal Place of Business:

Current Mailing Address:

2720 GOLF HAMMOCK DR
SEBRING, FL 33872

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SWAIN, J MICHAEL
425 S COMMERCE AVE
SEBRING, FL 33820 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: PD () Delete
Name: WILSON, KRYSTI
Address: 2618 GOLF HAMMOCK DR
City-St-Zip: SEBRING, FL 33872

Title: TSD () Delete
Name: WHITE, LYNNE
Address: 2402 GOLF HAMMOCK DR.
City-St-Zip: SEBRING, FL 33872

Title: VD () Delete
Name: FREESMEIER, ROBERT
Address: 2400 GOLF HAMMOCK DR
City-St-Zip: SEBRING, FL 33872

Title: D () Delete
Name: LANG, JUDY
Address: 2700 GOLF HAMMOCK DRIVE
City-St-Zip: SEBRING, FL 33872

Title: D () Delete
Name: WHITE, GENE
Address: 2402 GOLF HAMMOCK DR
City-St-Zip: SEBRING, FL 33872

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

SIGNATURE: LYNNE WHITE

TSD

04/04/2009

Electronic Signature of Signing Officer or Director

Date