2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006618

Apr 27, 2009 Secretary of State

Entity Name: GOLF LODGES AT SOUTHPOINTE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O ELLIOTT MERRILL COMMUNITY MANAGEMENT

835 20TH PLACE VERO BEACH, FL 32960 543 NW LAKE WHITNEY PL #101 PORT ST LUCIE, FL 34986

C/O BRISTOL MANAGEMENT

New Mailing Address: **Current Mailing Address:**

C/O ELLIOTT MERRILL COMMUNITY MANAGEMENT

835 20TH PLACE

VERO BEACH, FL 32960

C/O BRISTOL MANAGEMENT 543 NW LAKE WHITNEY PL #101

PORT ST LUCIE, FL 34986

FEI Number: 02-0644613 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

> ROSS, EARLE & BONAN, PA 759 SOUTH FEDERAL HIGHWAY

SUITE 212

STUART, FL 34994 US

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: ROSS, EARLE & BONAN 04/27/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

KORBEY, MITCH KORBEY, MITCH Name: Name: 2400 S OCEAN DR Address: 400 SOUTHSTAR DRIVE Address: City-St-Zip: FORT PIERCE, FL 34949 City-St-Zip: FORT PIERCE, FL 34949

Title: Title: (X) Change () Addition () Delete

BURNS, TRAVIS Name: SLIWINSKI, FRED Name: Address: 2400 S OCEAN DR Address: 406 SOUTHSTAR DRIVE City-St-Zip: FORT PIERCE, FL 34949 City-St-Zip: FORT PIERCE, FL 34949

Title: SEC () Delete Title: (X) Change () Addition

THAW, VIVIAN THAW, VIVIAN Name: Name:

Address: 606 SOUTHSTAR DRIVE 2400 S OCEAN DR Address: City-St-Zip: FORT PIERCE, FL 34949 City-St-Zip: FORT PIERCE, FL 34949

Title: TR () Delete Title: (X) Change () Addition

Name: LATTOF, MICHAEL Name: BURNS, BARBARA 2400 S OCEAN DR Address: Address: 204 SOUTHSTAR DRIVE City-St-Zip: FORT PIERCE, FL 34949 City-St-Zip: FORT PIERCE, FL 34949

Title: (X) Delete Title: () Change () Addition

BURNS, BARBARA Name: Name: 2400 S OCEAN DR Address: Address: City-St-Zip: FORT PIERCE, FL 34949 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: MITCH KORBEY Ρ 04/27/2009