

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90080 005 \*\*\*\*61.25

<b>DOCUMENT # N06000001971</b> 1. Entity Name <b>GOLF LODGES NORTH AT SOUTHPONTE ASSOCIATION, INC.</b>			
Principal Place of Business <b>GOLF LODGES AT SOUTHPONTE % DIANE KORBET, 400 SOUTHSTAR DR. FORT PIERCE, FL 34949</b>		Mailing Address <b>GOLF LODGES AT SOUTHPONTE % DIANE KORBET, 400 SOUTHSTAR DR. FORT PIERCE, FL 34949</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address <b>C/o Mary Duckworth 600 South Compass Dr Fort Pierce, FL 34949 USA</b>	
		03232007 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>204497153</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MCCARTY, JR., JAMES H 2940 SOUTH 25TH STREET FORT PIERCE, FL 34981</b>		7. Name and Address of New Registered Agent Name <b>Mary Duckworth</b> Street Address (P.O. Box Number is Not Acceptable) <b>600 South Compass Drive</b> City <b>Fort Pierce</b> FL Zip Code <b>34949</b>	
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 <i>Mary A. Duckworth</i> DATE <b>4/2/07</b> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHAPIN, III, ROY 2560 RCA BLVD. SUITE 112 PALM BEACH GARDENS, FL 33410 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DUCKWORTH, MARY J. 600 SOUTH COMPASS DR. FORT PIERCE, FL 34949 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP REED, HAROLD S 2560 RCA BLVD. SUITE 112 PALM BEACH GARDENS, FL 33410 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BALDWIN, LARRY 306 SOUTH COMPASS DR. FORT PIERCE, FL 34949 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GODOWN, PHILIP 2560 RCA BLVD. SUITE 112 PALM BEACH GARDENS, FL 33410 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CAIN, CATHY 600 SOUTH COMPASS DR FORT PIERCE, FL 34949 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TORREY, MARTY 104 SOUTH COMPASS DR. FORT PIERCE, FL 34949 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYFIELD, TOM 406 SOUTH COMPASS DR. FORT PIERCE, FL 34949 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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: <i>Mary A. Duckworth</i>		DATE: <b>4/2/07</b>	