## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000001971

FILED Apr 13, 2009 Secretary of State

Entity Name: GOLF LODGES NORTH AT SOUTHPOINTE ASSOCIATION, INC.

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

GOLF LODGES NORTH GOLF LODGES NORTH ASSOCIATION

600 S. COMPASS DR 400 S. COMPASS DR FORT PIERCE, FL 34949 FORT PIERCE, FL 34949

Current Mailing Address: New Mailing Address:

C/O MARY DUCKWORK GOLF LODGES NORTH ASSOCIATION

600 S COMPASS DR 400 S. COMPASS DR FORT PIERCE, FL 34949 FORT PIERCE, FL 34949

FEI Number: 20-4497153 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:

DUCKWORTH, MARY TORMEY, MARTIN 600 S COMPASS DR 400 S COMPASS DR

FORT PIERCE, FL 34949 US FORT PIERCE, FL 34949 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: MARTIN TORMEY 04/13/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: DP ()Delete Title: DPT (X)Change ()Addition

 Name:
 DUCKWORTH, MARY J
 Name:
 TORMEY, MARTIN J

 Address:
 600 S COMPASS DR
 400 S COMPASS DR

 City-St-Zip:
 FORT PIERCE, FL 34949
 City-St-Zip:
 FORT PIERCE, FL 34949

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

Name: BALDWIN, LARRY Name: DONOHUE, ALICEMARIE

 Address:
 306 S COMPASS
 Address:
 400 S COMPASS

 City-St-Zip:
 FORT PIERCE, FL 34949
 City-St-Zip:
 FORT PIERCE, FL 34949

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

 Name:
 TDRMEY, MARTY
 Name:
 MCDOWELL, JUDITH

 Address:
 104 SOUTH COMPASS DR
 504 SOUTH COMPASS DR

 City-St-Zip:
 FORT PIERCE, FL 34949
 City-St-Zip:
 FORT PIERCE, FL 34949

Title: D () Delete Title: () Change () Addition

 Name:
 MAYFIELD, TOM
 Name:

 Address:
 406 S COMPASS DR
 Address:

 City-St-Zip:
 FORT PIERCE, FL 34949
 City-St-Zip:

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

Name: HASKINS, BILL Name: HASKINS, BILL

Address: 102 SOUTH COMPASS DR Address: 102 SOUTH COMPASS DR City-St-Zip: FORT PIERCE, FL 34949 City-St-Zip: FORT PIERCE, FL 34949

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: MARTIN TORMEY PRES 04/13/2009

Electronic Signature of Signing Officer or Director

Date