

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005814

FILED
Apr 21, 2008
Secretary of State

Entity Name: GOLF VILLAS INVESTORS, INC.

Current Principal Place of Business:

1929 TURNBULL LAKES DR.
NEW SMYRNA BCH, FL 32168

New Principal Place of Business:

Current Mailing Address:

1929 TURNBULL LAKES DR.
NEW SMYRNA BCH, FL 32168

New Mailing Address:

1020 BARBER CREEK DR
SUITE202
WATKINSVILLE, GA 30677

FEI Number: 26-0337111

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, CONWAY C
1929 TURNBULL LAKES DR.
NEW SMYRNA BCH, FL 32168 US

Name and Address of New Registered Agent:

BROUN, CONWAY C
1929 TURNBULL LAKES DR.
NEW SMYRNA BCH, FL 32168 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: CONWAY C BROUN

04/21/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWN, CONWAY C
Address: 1020 BARBER CREEK DR., SUITE 202
City-St-Zip: WATKINSVILLE, GA 30677

Title: D () Delete
Name: CRUMP, RUSSELL A
Address: 1929 TURNBULL LAKES DR.
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: D () Delete
Name: MALCOM, MITCHELL K
Address: 1929 TURNBULL LAKES DR.
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: D () Delete
Name: BURGESS, ROGER
Address: 1929 TURNBULL LAKES DR.
City-St-Zip: NEW SMYRNA BCH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BROUN, CONWAY C
Address: 1020 BARBER CREEK DR., SUITE 202
City-St-Zip: WATKINSVILLE, GA 30677

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: CONWAY C BROUN

MEMB

04/21/2008

Electronic Signature of Signing Officer or Director

Date