## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

NAME

## FILED Mar 18, 2008 8:00 am Secretary of State

03-18-2008 90017 040 \*\*\*\*61 25

Change

☐ Addition

1. Entity Nam	ne	# N07000009 s golf assoc.,			3 9001 / 040 <b>**</b>	01.23				
Principal Place of Business % FRNCES EHRLICH 4116 PALM AIRE DR. WEST #162B POMPANO BEACH, FL 33069			Mailing Address % FRNCES EHRLICH 4116 PALM AIRE DR. WEST #162B POMPANO BEACH, FL 33069			4004				
3. Principal Place of Business - No P.O. Box #			3. Mailing Address % Norma Phillips				1811 1811 1811 <b>18</b> 11 81		41 <b>15</b> 110 0 111	
2661 S. Course Dr. #488			Suite, Apt. #, etc. 2661 S. Course Dr. #408		02192008	Chg-NP	CR2E037 (12/			
Pampano Beach, F1.			Poncyano Beach, Fl			4. FEI Number 22-3	971340	.	Applied For Not Applicable	
330 69		Country USA and Address of Current	33069	Country USA			of Status Desired	Fee Re	Additional quired	
		· -	Kedistaled Affert	Name	1/	01	//	Registered Agent		
EHRLICH, FRANCES 4116 PALM AIRE DR. WEST					Norma Phillips  Street Address (P.O. Box Number is Not Acceptable) # 406					
162 B   POMPANO BEACH, FL 33069						<u> </u>	<u> </u>			
			- 11	City F	Panbaro Beach FL 33069					
	named entity		r the purpose of changing its	registered office of	register	ed agent, or both	n, in the State of F	lorida. I am familiar	with, and accept	
SIGNATURE .	No Signature, typed o	ME Phi	Clips Normand the Wappkcable. (NOT	na Phill E: Registered Agent signat	S O S	when reinstating)	ma	U. 13,20	108	
Filing Fee is \$61.25 Due by May 1, 2008				mpaign Financing Contribution.		\$5.00 May Be	• 1	Make check paya		
10.						Added to rees				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

SIGNATURE:	Norma Phillips	Norma Phillips	3/13/08	954975057	18
	SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR	Date	Daytime Phone #		