## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 21, 2005 8:00 am Secretary of State

DOCUMENT # N23553  1. Entity Name GOLF COURSE VILLAS CONDOMINIUM ASSOCIATION, INC.				03-21-2005 90122 037 ****61.25
Principal Place of Business Mailing Address 265 TAMIAMI TRAIL 100 SULLIVAN ST PUNTA GORDA, FL 33950 112 PUNTA GORDA, FL 339		100 SULLIVAN ST	may - 1 m m kdyr Kill ang 2	
2. Principal Place of Business 3. Mai		3. Mailing Address		1 1801HOL DER 11000 HIRK BIIDL DURK UIT DIEN DIE DIE BEKERDE STEIN EINEN BLEIN EINEN BLEIN EINEN BLEIN EIN STEIN
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02072005 Chg-NP CR2E037 (10/03)
City & State		City & State		4. FEI Number Applied For 59-2831434 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent
			Name	
GREENE, JOAN 100 SULLIVAN ST STE 112 PUNTA GORDA, FL 33950			Street Add	dress (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resistating)  DATE				
• !	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaig Trust Fund Contri		\$5.00 May Be Added to Fees  Make check payable to Florida Department of State
10.	OFFICERS AND DIRE		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS	TD MAYER, ROBERT 1640 ATARES DR 17		NAME STREET ADDRESS	Change MAddition  GHO ATARES DR # 37
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP	PUNTA GORDA FI 33950
NAME STREET ADDRESS CITY-ST-ZIP	VPD SHERIDAN, EDWARD 1640 ATARES DR 18 PUNTA GORDA, FL 33950			/PO □ Change □ Maddition DONALD FULLAM 1640 A74MS DR H/ PUNTA GORDA FI 3355
NAME : STREET ADDRESS CITY-ST-ZIP	PD BLAINE, STEPHEN 1640 ATARES DR #22 PUNTA GORDA, FL 33950	-	NAME STREET ADDRESS	Change Addition ATHY BLAINE WAY ATARES DE BUNTA GORDA FI 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISS, ALBERT 1640 ATARES DR 30 PUNTA GORDA, FL 33950		TITLE NAME STREET ADDRESS  ###	TD Change MAddition SAUID JUNTS  52 WINTER HORBOR Rd  Kennebunkport MC 04046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUGAN, JANE 1640 ATARES DRIVE #32 PUNTA GORDA, FL 33950	<b>-</b>	TITLE NAME STREET ADDRESS	D Change MAddition  BILL BARBOUR  GUO ATAMS DR HIL  BUNTA GORDA FI 33452
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SGNATURE AND TYPED ORPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/2005

941-505-2005