

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23553

FILED
Feb 28, 2009
Secretary of State

Entity Name: GOLF COURSE VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

100 SULLIVAN ST
112
PUNTA GORDA, FL 33950

New Principal Place of Business:

100 SULLIVAN ST
112
PUNTA GORDA, FL 33950 US

Current Mailing Address:

100 SULLIVAN ST
112
PUNTA GORDA, FL 33950

New Mailing Address:

100 SULLIVAN ST
112
PUNTA GORDA, FL 33950 US

FEI Number: 59-2831434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENE, JOAN
100 SULLIVAN ST
STE 112
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

GREENE, JOAN
100 SULLIVAN ST
STE 112
PUNTA GORDA, FL 33950 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: JOAN GREENE

02/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FULLAM, DONALD
Address: 1640 ATARES DR #1
City-St-Zip: PUNTA GORDA, FL 33950

Title: SD () Delete
Name: BLAINE, STEPHEN
Address: 1640 ATARES DR
City-St-Zip: PUNTA GORDA, FL 33952

Title: TD (X) Delete
Name: SIDEBOTTOM, JANET
Address: 1640 ATARES DR #6
City-St-Zip: PUNTA GORDA, FL 33950

Title: VPD () Delete
Name: JASSICA, JOANN
Address: 1640 ATARES DR #21
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BECK, THOMAS
Address: 1640 ATARES DR #31
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: STD (X) Change () Addition
Name: BLAINE, STEPHEN
Address: 1640 ATARES DR
City-St-Zip: PUNTA GORDA, FL 33952 US

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: THOMAS BECK

PRES

02/28/2009

Electronic Signature of Signing Officer or Director

Date