


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N37290</b>	
1. Entity Name	
GOLF CLUB ESTATES CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
1170 ELKCAM BLVD DELTONA FL 32725 US	1170 ELKCAM BLVD STE 14 DELTONA FL 32725 US



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number <b>59-3000420</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
POLLARD, CHARLES 1170 ELKCAM BOULEVARD UNIT 14 GOLF CLUB ESTATES, DELTONA FL 32725		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLARD, CHARLES		NAME		
STREET ADDRESS	1170 ELKCAM BLVD. #10		STREET ADDRESS		
CITY-STATE-ZIP	DELTONA FL 32725		CITY-STATE-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLAHAN, DOUGLAS C.		NAME		
STREET ADDRESS	1170 ELKCAM BLVD. UNIT #6		STREET ADDRESS		
CITY-STATE-ZIP	DELTONA FL 32725		CITY-STATE-ZIP		
TITLE	VPTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASIELLO, ERNIE		NAME		
STREET ADDRESS	1170 ELKCAM BLVD. #8		STREET ADDRESS		
CITY-STATE-ZIP	DELTONA FL 32725		CITY-STATE-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, NANCY		NAME		
STREET ADDRESS	1170 ELKCAM BLVD #7		STREET ADDRESS		
CITY-STATE-ZIP	DELTONA FL 32725		CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of this report, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Charles Pollard* 1-22-07 789