

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37290

FILED
Jan 05, 2009
Secretary of State

Entity Name: GOLF CLUB ESTATES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1170 ELKCAM BLVD
DELTONA, FL 32725 US

New Principal Place of Business:

1170 ELKCAM BLVD
#14
DELTONA, FL 32725 US

Current Mailing Address:

1170 ELKCAM BLVD
STE 14
DELTONA, FL 32725 US

New Mailing Address:

FEI Number: 59-3000420 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

POLLARD, CHARLES
1170 ELKCAM BOULEVARD UNIT 14
GOLF CLUB ESTATES,
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

MASIELLO, ERNIE
1170 ELKCAM BOULEVARD UNIT 14
GOLF CLUB ESTATES,
DELTONA, FL 32725 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: ERNIE MASIELLO

01/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: POLLARD, CHARLES
Address: 1170 ELKCAM BLVD. #10
City-St-Zip: DELTONA, FL 32725

Title: VD () Delete
Name: HALLAHAN, DOUGLAS C.,
Address: 1170 ELKCAM BLVD. UNIT #6
City-St-Zip: DELTONA, FL 32725

Title: VPTD () Delete
Name: MASIELLO, ERNIE
Address: 1170 ELKCAM BLVD. #8
City-St-Zip: DELTONA, FL 32725

Title: SD () Delete
Name: JOHNSTON, NANCY
Address: 1170 ELKCAM BLVD #7
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: MASIELLO, ERNIE
Address: 1170 ELKCAM BLVD. #8
City-St-Zip: DELTONA, FL 32725

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPTD (X) Change () Addition
Name: POLLARD, CHARLES
Address: 1170 ELKCAM BLVD. #8
City-St-Zip: DELTONA, FL 32725

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: DOUGLAS C HALLAHAN

VD

01/05/2009

Electronic Signature of Signing Officer or Director

Date