

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37290

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** GOLF CLUB ESTATES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1170 ELKCAM BLVD  
#14  
DELTONA, FL 32725 US

**New Principal Place of Business:**

**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:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DOUGLAS C HALLAHAN

VD

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date