


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90305 047 ****61.25

DOCUMENT # N39289 1. Entity Name GOLDEN TEE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business KEYS CALDWELL INC VENICE, FL 34293			Mailing Address 1162 INDIAN HILL BLVD. VENICE, FL 34293		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KEYS-CALDWELL, INC. 1162 INDIAN HILL BLVD. VENICE, FL 34293				Name	
				Street Address (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 reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	STO <i>Mary Dalton</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DUERK, LOWELL		NAME	6600 Gasparilla Pines Blvd. #114	
STREET ADDRESS	6600 GASPARILLA PINES BLVD #209		STREET ADDRESS	Englewood FL 34224	
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	BARNETT, NANCY		NAME		
STREET ADDRESS	6600 GASPARILLA PINES BLVD 207		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		
NAME	PEASE, GEORGE		NAME		
STREET ADDRESS	PO BOX 152		STREET ADDRESS		
CITY-ST-ZIP	CHESTER, MD 21619		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 and all other like empowered.					
SIGNATURE: <i>LOWELL M. DUERK</i>			Date: <i>4/21/06</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		