

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90253 042 \*\*\*\*61.25

<b>DOCUMENT # N40257</b>					
<b>1. Entity Name</b> GOLF GREEN CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 1041 CAPRI ISLES BLVD SUITE 100 VENICE, FL 34292 US			<b>Mailing Address</b> 1041 CAPRI ISLES BLVD 100 VENICE, FL 34292 US		
<b>2. Principal Place of Business</b> P.O. Box 595		<b>3. Mailing Address</b> P.O. Box 595			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> VENICE, FL		<b>City &amp; State</b> VENICE, FL		<b>4. FEI Number</b> NOT APPLICABLE	
<b>Zip</b> 34284		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  PROFESSIONAL MGMT SERVICES 3380 RUSTIC RD NOKOMIS, FL 34275			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code		
<b>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.</b>  SIGNATURE: <u>Cynthia A. Grady</u> <span style="float: right;">4/19/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> VPD <b>NAME</b> GRUSH, WILLIAM <b>STREET ADDRESS</b> 1041 CAPRI ISLE BLVD., #231 <b>CITY-ST-ZIP</b> VENICE, FL 34292	<input type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> GRUSH, WILLIAM <b>STREET ADDRESS</b> 1041 CAPRI ISLES BLVD #231 <b>CITY-ST-ZIP</b> VENICE, FL 34292	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DS <b>NAME</b> MILLS, TED <b>STREET ADDRESS</b> 1041 CAPRI ISLE BLVD., #128 <b>CITY-ST-ZIP</b> VENICE, FL 34292	<input type="checkbox"/> Delete		<b>TITLE</b> VD <b>NAME</b> NELSON, HERB <b>STREET ADDRESS</b> 1041 CAPRI ISLES BLVD #125 <b>CITY-ST-ZIP</b> VENICE, FL 34292	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> TSD <b>NAME</b> TALLMAN, CAROLE <b>STREET ADDRESS</b> 1041 CAPRI ISLES BLVD, #217 <b>CITY-ST-ZIP</b> VENICE, FL 34292	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> TSD <b>NAME</b> MERCNER, MARGARET <b>STREET ADDRESS</b> 1041 CAPRI ISLES BLVD #102 <b>CITY-ST-ZIP</b> VENICE, FL 34292	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> TALLMAN, CAROLE <b>STREET ADDRESS</b> 1041 CAPRI ISLE BLVD., #217 <b>CITY-ST-ZIP</b> VENICE, FL 34292	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> MILLS, TED <b>STREET ADDRESS</b> 1041 CAPRI ISLES BLVD #128 <b>CITY-ST-ZIP</b> VENICE, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> PALMAROZZA, HARRY <b>STREET ADDRESS</b> 1041 CAPRI ISLE BLVD., #230 <b>CITY-ST-ZIP</b> VENICE, FL 34292	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> CRANE, CAROL <b>STREET ADDRESS</b> 1041 CAPRI ISLES BLVD <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>William E. Grush</u>			4/21/05 941-485-4238		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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