

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90005 024 ****61.25

DOCUMENT # N94000002022 1. Entity Name GOLF VILLAGE OWNERS' ASSOCIATION, INC.					
Principal Place of Business GOLF VILLAGE CONDO ASSN. P O BOX 297 AVON PARK, FL 33825-0297			Mailing Address GOLF VILLAGE CONDO ASSN. P O BOX 297 AVON PARK, FL 33825-0297		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02042007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 58-1437875	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent VOSS, WILLARD 3503 EDGEWATER DR SEBRING, FL 33872			7. Name and Address of New Registered Agent Name KLOCKO, Roseann Street Address (P.O. Box Number is Not Acceptable) 3310 SUNRISE DR. City Sebring FL Zip Code 33872		
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 <u><i>Roseann P. Klocko</i></u> Signature, typed or printed name of registered agent and title if applicable.			DATE <u>2/9/07</u> (NOTE: Registered Agent signature required when reinstating)		
Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	VP WEILAND, PAUL 5560 MANTANZAS DR. SEBRING, FL 33872	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VOSS, WILLARD 3503 EDGEWATER DR SEBRING, FL 33872	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, FRED 5524 MATANZAS DR. SEBRING, FL 33872	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LOWE, PATRICIA 5514 MATANZAS DR SEBRING, FL 33872	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUWMEISTER, YOKE 3507 EDGEWATER DR SEBRING, FL 33872	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Quigley, Paul 5572 MATANZAS DR. Sebring, FL 33872	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. voss, Willard 3503 Edgewater DR. Sebring, FL 33872	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST. Walker, BEN 5532 MATANZAS DR. Sebring, FL 33872	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. P. Bouwmeister, Yoke 3507 Edgewater DR Sebring, FL 33872	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMALY, Anthony 5534 Matanzas DR. Sebring, FL 33872	☒ Change ☐ Addition			
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, with all other like empowered.					
SIGNATURE: <u><i>[Signature]</i></u> Feb 15/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					