


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90065 002 ****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 # P.O. Box 7654 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 7654 Suite, Apt. #, etc.			
City & State Sebring, FL Zip 33872		City & State Sebring, FL Zip 33872		4. FEI Number 58-1437875	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KLOCKO, ROSEANN 3310 SUNRISE DR SEBRING, FL 33872			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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> <u>2-21-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	VP WEINAND, PAUL 5560 MATANZAS DR. SEBRING, FL 33872	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	No Longer V.P.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOSS, WILLARD 3503 EDGEWATER DR SEBRING, FL 33872	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	No Longer Director	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUIGLEY, PAUL 5524 MATANZAS DR. SEBRING, FL 33872	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WALKER, BEN 5532 MATANZAS DR SEBRING, FL 33872	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOUWMEISTER, YOKE 3507 EDGEWATER DR SEBRING, FL 33872	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMALY, ANTHONY 5534 MATANZAS DR SEBRING, FL 33872	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 of 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> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date Daytime Phone #</small>	