2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2009
Secretary of State

DOCUMENT# N94000002022

Entity Name: GOLF VILLAGE OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

GOLF VILLAGE CONDO ASSN.
POB 7654
SEBRING, FL 33872

New Principal Place of Business:

GOLF VILLAGE OWNERS ASSOCIATION, INC
3310 SUNRISE DR
SEBRING, FL 33872

Current Mailing Address:

GOLF VILLAGE CONDO ASSN.
POB 7654
SEBRING, FL 33872

New Mailing Address:

GOLF VILLAGE CONDO ASSN.
P. O. BOX 7654
SEBRING, FL 33872

FEI Number: 58-1437875 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLOCKO, ROSEANN
3310 SUNRISE DR
SEBRING, FL 33872 US

Name and Address of New Registered Agent:

KLOCKO, RONALD P
3310 SUNRISE DR
SEBRING, FL 33872 US

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: RONALD P. KLOCKO 02/22/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: QUIGLEY, PAUL
Address: 5524 MATANZAS DR.
City-St-Zip: SEBRING, FL 33872

Title: ST ( ) Delete
Name: WALKER, BEN
Address: 5532 MATANZAS DR
City-St-Zip: SEBRING, FL 33872

Title: VP ( ) Delete
Name: BOUWMEISTER, YOKE
Address: 3507 EDGEWATER DR
City-St-Zip: SEBRING, FL 33872

Title: D ( ) Delete
Name: ARMALY, ANTHONY
Address: 5534 MATANZAS DR
City-St-Zip: SEBRING, FL 33872

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: BAKER, FRED C
Address: 6781 INKSTER
City-St-Zip: BLOOMFIELD, MI 48301

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RONALD P. KLOCKO RA 02/22/2009
Electronic Signature of Signing Officer or Director Date