

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003461

FILED
Feb 18, 2009
Secretary of State

Entity Name: GOLF VILLAS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1190 PELICAN BAY DR
DAYTONA BEACH, FL 32119

New Principal Place of Business:

Current Mailing Address:

1190 PELICAN BAY DR
DAYTONA BEACH, FL 32119

New Mailing Address:

FEI Number: 59-3333197

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARKIN, MICHELE
1190 PELICAN BAY DR
DAYTONA BEACH, FL 32119 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GEIGER, RAY
Address: 18 GOLF VILLA
City-St-Zip: PORT ORANGE, FL 32128

Title: VD () Delete
Name: RUPERT, EMMA
Address: 73 GOLF VILLA
City-St-Zip: PORT ORANGE, FL 32128

Title: SD () Delete
Name: RAUER, VIVIAN
Address: 26 GOLF VILLA
City-St-Zip: PORT ORANGE, FL 32128

Title: TD () Delete
Name: MALACHUK, RICHARD
Address: 58 GOLF VILLA
City-St-Zip: PORT ORANGE, FL 32128

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RAUER, VIVIAN
Address: 26 GOLF VILLA
City-St-Zip: PORT ORANGE, FL 32128

Title: VD (X) Change () Addition
Name: ROSATO, ANN
Address: 11 GOLF VILLA
City-St-Zip: PORT ORANGE, FL 32128

Title: SD (X) Change () Addition
Name: SCHWENK, KAREN
Address: 13 GOLF VILLA
City-St-Zip: PORT ORANGE, FL 32128

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

Title: D () Change (X) Addition
Name: SCHEELS, CAROL
Address: 61 GOLF VILLA
City-St-Zip: PORT ORANGE, FL 32128

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: VIVIAN RAUER

PD

02/18/2009

Electronic Signature of Signing Officer or Director

Date