

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004932

FILED
Apr 23, 2009
Secretary of State

Entity Name: CONDOMINIUM ASSOCIATION OF GOLF VILLAS, INC.

Current Principal Place of Business:

PERFECT DRIVE
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

21045 COMMERCIAL TRL
BOCA RATON, FL 33486 US

New Mailing Address:

FEI Number: 65-0568858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ISAACSON, WILLIAM
21045 COMMERCIAL TRL
BOCA RATON, FL 33486 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: P () Delete
Name: THOMAS, LYNN
Address: PO BOX 208
City-St-Zip: SPOFFORD, NH 03462

Title: PD () Delete
Name: CANN, THOMAS
Address: 1167 SW THOREAU COURT
City-St-Zip: PALM CITY, FL 34990

Title: SD () Delete
Name: RILEY, MICHAEL
Address: 87 PINE GROVE DRIVE
City-St-Zip: SOUTH HADLEY, MA 01075

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: THOMAS, LYNN
Address: PO BOX 208
City-St-Zip: SPOFFORD, NH 03462

Title: P (X) Change () Addition
Name: CANN, THOMAS
Address: 1167 SW THOREAU COURT
City-St-Zip: PALM CITY, FL 34990

Title: VP (X) Change () Addition
Name: RILEY, MICHAEL
Address: 87 PINE GROVE DRIVE
City-St-Zip: SOUTH HADLEY, MA 01075

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: THOMAS CANN

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date