

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004932

FILED  
Apr 09, 2012  
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:**

543 NW LAKE WHITNEY PLACE  
SUITE 101  
PORT ST LUCIE, FL 34986 US

**New Mailing Address:**

**FEI Number:** 65-0568858

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAW OFFICE OF ROSSWAY MOORE TAYLOR & SWAN  
2101 INDIAN RIVER BLVD  
SUITE 200  
VERO BEACH, FL 32960 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: VP  
Name: THOMAS, LYNN  
Address: PO BOX 208  
City-St-Zip: SPOFFORD, NH 03462

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

Title: T  
Name: RILEY, MICHAEL  
Address: 87 PINE GROVE DRIVE  
City-St-Zip: SOUTH HADLEY, MA 01075

Title: D  
Name: KURYS, AL  
Address: PERFECT DRIVE  
City-St-Zip: PORT ST LUCIE, FL 34986

I hereby 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 all other like empowered.

SIGNATURE: TOM CANN

P

04/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date