

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 25, 2007 08:00 A
Secretary of State

DOCUMENT # N96000002458

1. Entity Name
**GOLF AND SEA VILLAGE HOMEOWNERS ASSOCIATION,
INC.**



Principal Place of Business

**912 GOLF ISLAND DR.
APOLLO BEACH, FL 33572 US**

Mailing Address

**GOLF & SEA VILLAGE H. D. ASSOC.
P.O. BOX 3241
APOLLO BEACH, FL 33572 US**



05232007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3389973

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LAWSON, JOHN C
912 GOLF ISLAND DRIVE
APOLLO BEACH, FL 33572**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LAWSON, JOHN
STREET ADDRESS 912 GOLF ISLAND DR
CITY-ST-ZIP APOLLO BEACH, FL 33572

TITLE VP
NAME MCASKILL, DAVID
STREET ADDRESS 905 GOLF ISLAND DR
CITY-ST-ZIP APOLLO BEACH, FL 33572

TITLE SD
NAME FARBER, KATHY
STREET ADDRESS 825 GOLF ISLAND DR
CITY-ST-ZIP APOLLO BEACH, FL 33572

TITLE TD
NAME PIERCY, KAREN
STREET ADDRESS 926 GOLF ISLAND DR
CITY-ST-ZIP APOLLO BEACH, FL 33572

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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06/01/07-80002-016 61.25

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IN THIS SPACE**

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 or 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

John C. Lawson