

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000000417</b> 1. Entity Name <b>THE RESORT AT WORLD GOLF VILLAGE CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>4960 CONFERENCE WAY N. #100 BOCA RATON, FL 33431</b>	Mailing Address <b>4960 CONFERENCE WAY N. #100 BOCA RATON, FL 33431</b>
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**DO NOT WRITE IN THIS SPACE**



03272008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3495747</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE: \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BASYE, LEON 4960 CONFERENCE WAY N. #100 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD LALIBERTE, RAY 4960 CONFERENCE WAY N #100 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD KNOFLA, JOEL 4960 CONFERENCE WAY N 100 BOCA RATON, FL 33431
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000932145  
05/22/08-80043-017 70.00

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:** *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 561-912-8129 **Date**                      **Daytime Phone #**