

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000417

FILED
Apr 24, 2009
Secretary of State

Entity Name: THE RESORT AT WORLD GOLF VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4960 CONFERENCE WAY N. #100
BOCA RATON, FL 33431

New Principal Place of Business:

100 FRONT NINE DRIVE
ST. AUGUSTINE, FL 32092

Current Mailing Address:

4960 CONFERENCE WAY N. #100
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 59-3495747 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: BASYE, LEON
Address: 4960 CONFERENCE WAY N. #100
City-St-Zip: BOCA RATON, FL 33431

Title: STD () Delete
Name: LALIBERTE, RAY
Address: 4960 CONFERENCE WAY N #100
City-St-Zip: BOCA RATON, FL 33431

Title: VPD () Delete
Name: KNOFLA, JOEL
Address: 4960 CONFERENCE WAY N 100
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: HAROLD, DAVID
Address: 4960 CONFERENCE WAY N. #100
City-St-Zip: BOCA RATON, FL 33431

Title: VP/D (X) Change () Addition
Name: DEVINE, ELLEN
Address: 4960 CONFERENCE WAY N #100
City-St-Zip: BOCA RATON, FL 33431

Title: ST/D (X) Change () Addition
Name: COBB, CHARLIE
Address: 4960 CONFERENCE WAY N 100
City-St-Zip: BOCA RATON, FL 33431

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: ELLEN DEVINE

VP/D

04/24/2009

Electronic Signature of Signing Officer or Director

Date