


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000002796	
1. Entity Name GOLF ESTATE VILLAS HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 10115 NORTH MILITARY TRAIL PALM BEACH GARDENS, FL 33410	Mailing Address 10115 NORTH MILITARY TRAIL PALM BEACH GARDENS, FL 33410
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04022004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1014255	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DICKER, KRIVOK, STOLOFF, P.A. 1818 AUSTRALIAN AVENUE SOUTH SUITE 402 WEST PALM BEACH, FL 33409
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CHLUPP, CHRISTOPHER P 10127 NORTH MILITARY TRAIL PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV LE' BRON, CHRISTINE 10129 NORTH MILITARY TRAIL PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST NACHTINGER, CYNTHIA 10111 N MILITARY TRL PALM BEACH GARDENS, FL 33410
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06/03/04-80001-003 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Cynthia Nachtinger 4/22/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #