

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002796

FILED
Feb 09, 2007
Secretary of State

Entity Name: GOLF ESTATE VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10115 NORTH MILITARY TRAIL
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

10115 NORTH MILITARY TRAIL
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 65-1014255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKER, KRIVOK, STOLOFF, P.A.
1818 AUSTRALIAN AVENUE SOUTH
SUITE 402
WEST PALM BEACH, FL 33409 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: DP () Delete
Name: ZIEMINSKI, ELISE
Address: 10129 NORTH MILITARY TRAIL
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DV () Delete
Name: KELLEHER, JOYCE
Address: 10123 NORHT MILITARY TRAIL
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DST () Delete
Name: NACHTINGER, CYNTHIA
Address: 10111 N MILITARY TRL
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: JONES, MEREDITH
Address: 10133 NORTH MILITARY TRAIL
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MEREDITH JONES

DP

02/09/2007

Electronic Signature of Signing Officer or Director

_____ Date