

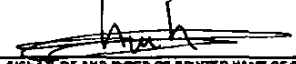


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90199 009 \*\*\*\*70.00

DOCUMENT # N98000006797					
1. Entity Name GOLF PARK PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 6870 SE 99TH PLACE BELLEVUE, FL 34420			Mailing Address 150 SE 2ND AVE SUITE 1002 MIAMI, FL 33131		
2. Principal Place of Business			a. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FB Number 59-3567362	
8. Name and Address of Current Registered Agent IBC FIDUCIARY INC. 100 S.E. 2ND STREET, SUITE 2315-A MIAMI, FL 33131				7. Name and Address of New Registered Agent Name IBC FIDUCIARY INC. Street Address (P.O. Box Number is Not Acceptable) 100 S.E. 2 <sup>ND</sup> STREET STE. 2222-A City MIAMI FL Zip Code 33131	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. 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 		IBC Fiduciary Inc.		04/28/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMEJDA, LUCIUS 100 S.E. 2ND STREET, STE. 2315-A MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P-D SMEJDA, L. 100 S.E. 2 <sup>ND</sup> STREET, STE. 2222-A MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GRAHLING, J 6670 SE 99TH PLACE BELLEVUE, FL 34420	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HENLEY, J. 444 BRICKELL AVE., STE. 51-246 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WISE, N. 6670 SE 96 <sup>TH</sup> PLACE RD. BELLEVUE, FL 34420	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAHLING, P. 6670 SE 99TH PLACE BELLEVUE, FL 34420	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUH, A 444 BRICKELL AVE #51-246 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDING, J. 9875 SE 67 <sup>TH</sup> AVE. RD. BELLEVUE, FL 34420	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LINDERMAN, B. 6818 SE 99 <sup>TH</sup> PLACE BELLEVUE, FL 34420	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: 			A. NUH		04/27/06 (305) 577-9709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Signature Print #