


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90215 041 ****70.00

| | | | | | |
|--|--|--|---|---|-------------------------------|
| DOCUMENT # N98000006797 | | | |  | |
| 1. Entity Name GOLF PARK PROPERTY OWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 6870 SE 99TH PLACE BELLEVIEW, FL 34420 | | Mailing Address 150 SE 2ND AVE SUITE 1002 MIAMI, FL 33131 | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3567362 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| IBC FIDUCIARY INC. 100 S.E. 2ND STREET, SUITE 2315-A MIAMI, FL 33131 | | | Name IBC.FIDUCIARY INC. Street Address (P.O. Box Number is Not Acceptable) 100 SE 2 ND STREET SUITE # 2222-A City MIAMI FL Zip Code 33131 | | |
| 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 | | <i>[Signature]</i> IBC FIDUCIARY INC. | | DATE 04/24/07 | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 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 SMEIDA, L 100 S.E. 2ND STREET, STE. 2315-A MIAMI, FL 33131 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P D SMEJDA, L 100 SE 2 ND STREET, SUITE # 2222 - A MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP GRAHLING, J 6870 SE 99TH PLACE BELLEVIEW, 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 WISE, N 6670 SE 96TH PL RD BELLEVIEW, 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 | T GRAHLING, P. 6870 SE 99TH PLACE BELLEVIEW, 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 | AT MITTON, R 6890 SE 99 TH PLACE BELLEVIEW, FL 34420 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARDING, J 9875 SW 67TH AVE RD BELLEVIEW, FL 34420 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LINDERMAN, B 6818 SE 99 TH PLACE BELLEVIEW, 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: | | <i>[Signature]</i> | | Date 4-25-07 Daytime Phone 305-358-9995 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Lucius SMEJDA | | | | | |

40000007



04232007 Chg-NP CR2E037 (12/06)