2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N98000006797

RT FILED Aug 12, 2009 Secretary of State

Entity Name: GOLF PARK PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	99TH PLACE EW, FL 34420	US			
Current Mailing Address:			New Maili	New Mailing Address:	
PO BOX 2 BELLEVIE	2862 EW, FL 344212	862 US			
FEI Number: 59-3567362 FEI Number Applied For ()		FEI Number Not Appl	FEI Number Not Applicable () Certificate of Status Desired ()		
Name and	d Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
	DONNA L 37TH AVENUE EW, FL 34420	ROAD US			
The above in the Stat	e named entity s e of Florida.	submits this statement for the p	urpose of changing i	ts registered office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Age	nt	Date	
OFFICER	S AND DIREC	TORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	VEZINA, DONN 9984 SE 67TH	AVENUE RD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address:	REIMSYNDER, 6797 SE 96TH	PLACE ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
	DELECTION, I	L 34420	Oity Ot Zip.		
City-St-Zip: Title: Name: Address:	AS () CULP, TOINET 6872 SE 96TH	Delete FE PLACE ROAD	Title: Name: Address: City-St-Zip:	AS (X) Change () Addition REIMSNYDER, JENNIFER 6797 SE 96TH PLACE ROAD BELLEVIEW, FL 34420	
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	AS () CULP, TOINETT 6872 SE 96TH BELLEVIEW, F	Delete FE PLACE ROAD L 34420 Delete M PLACE	Title: Name: Address:	REIMSNYDER, JENNIFER 6797 SE 96TH PLACE ROAD	
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	AS () CULP, TOINETT 6872 SE 96TH I BELLEVIEW, F T () GRAHLING, PAI 6870 SE 99TH I BELLEVIEW, F	Delete IE PLACE ROAD L 34420 Delete M PLACE L 34420 Delete Delete DMAS PLACE ROAD	Title: Name: Address: City-St-Zip: Title: Name: Address:	REIMSNYDER, JENNIFER 6797 SE 96TH PLACE ROAD BELLEVIEW, FL 34420	

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: DONNA VEZINA PD 08/12/2009