

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 26, 2007 08:00 AM
Secretary of State**

DOCUMENT # P00000102649

1. Entity Name
GOLF ISLAND MANAGEMENT, INC.



Principal Place of Business
**118 FLAMINGO DRIVE
STE E
APOLLO BEACH, FL 33572**

Mailing Address
**118 FLAMINGO DRIVE
STE E
APOLLO BEACH, FL 33572**



02262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3681800	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SILIATI, ALFRED D
118 FLAMINGO DRIVE
STE E
DRIVE APOLLO BEACH, FL 33572**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

1100000770586
07/26/07-800004-002 550.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SILIATI, ALFRED D
STREET ADDRESS	118 FLAMINGO DR STE E
CITY-ST-ZIP	APOLLO BEACH, FL 335725

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/07

Date

813 641-2917

Daytime Phone #