## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 08:00 AM
Secretary of State

7714144		
DOCUMENT # P06000 1. Entity Name GOLF LAKES REALTY, INC.	0056983	
	NA-IV Address	

Principal Place of Business

5050 5TH STREET E BRADENTON, FL 34203 Mailing Address

5050 5TH STREET E BRADENTON, FL 34203



		S SPACE

 
 01172008
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number 20-4862679
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

KORP, WILLIAM R ESQ

6. Name and Address of Current Registered Agent

KORP, WILLIAM R ESQ 5050 5TH STREET E BRADENTON, FL 34203

## DO NOT WRITE IN THIS SPACE

	ON, FL 34203	IN THIS SPACE
	named entity submits this statement for the purpose of changing its registered agent.	stered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little if applicable. (NOTE: Regi	istered Agent signature required when reinstating) DATE
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00  9. Election Campaign F Trust Fund Contribution	
10.	OFFICERS AND DIRECTORS	The state of the s
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BAUMAN, JOHN 5050 5TH STREET E BRADENTON, FL 34203	<ul> <li>A supplied to the supplied of the</li></ul>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC GETH, CONNIE 5050 5TH STREET E BRADENTON, FL 34203	000000794342 01/28/08-80004-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPRE HEMSTREET, FRANCES 5050 5TH STREET E BRADENTON, FL 34203	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MCFARLAND, PAMELA J 5050 5TH STREET E BRADENTON, FL 34203	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		The hope of the second of t
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		
12. I hereby	certify that the information supplied with this filling does not qualify for the	e exemptions contained in Chapter 119, Florida Statutes, I further certify that the information

12. I hereby certify that the information supplied with this filling 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:

TURE AND TYPES OF PRINTED NAME OF EXCHING OFFICER OR DIRECT

John Bauman

1-23-08

941-755-3322

Daytime Phone #