

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000067184 1. Entity Name GOLF TERRACE GENERAL PARTNER, INC.					
Principal Place of Business C/O HARRIS CRAMER, LLP 1555 PALM BEACH LAKES BLVD., SUITE 310 WEST PALM BEACH, FL 33401 US			Mailing Address C/O HARRIS CRAMER, LLP 1555 PALM BEACH LAKES BLVD., SUITE 310 WEST PALM BEACH, FL 33401 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
01062006 Chg-P CR2E034 (11/05)				4. FEI Number 65-0627986	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CRAMER, LLP, HARRIS 1555 PALM BEACH LAKES BLVD SUITE 310 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name Harris Cramer LLP Street Address (P.O. Box Number is Not Acceptable) 1555 Palm Beach Lakes Boulevard Suite 310 City State Zip Code West Palm Beach FL 33401		
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: Signature, typed or printed name of registered agent and title if applicable. Harris Cramer LLP by Daryl Cramer & Associates, P.A., Partner, by Daryl B. Cramer, President 3/16/06 (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	☐ Delete	TITLE	U000000480163 ☐ Change ☐ Addition 04/10/06-80033-004 158.75	
NAME	MYERS, WILLIAM P		NAME		
STREET ADDRESS	105 WEST BEAVER CREEK UNITS 9 & 10		STREET ADDRESS		
CITY-ST-ZIP	RICHMOND HILL ONT, CN 14b 1c6		CITY-ST-ZIP		
TITLE	VSD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	LUCCHESI, FABRIZIO		NAME		
STREET ADDRESS	105 WEST BEAVER CREEK UNITS 9 & 10		STREET ADDRESS		
CITY-ST-ZIP	RICHMOND HILL ONT, CN 14b 1c6		CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 Fabrizio Lucchese			Date: Feb 22, 2006 Daytime Phone #: 905-882-1212		