

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000105753

Entity Name: GLF ISLAMORADA, INC.

FILED
May 13, 2009
Secretary of State

Current Principal Place of Business:

81197 OVERSEAS HWY
ISLAMORADA, FL 33036

New Principal Place of Business:

Current Mailing Address:

PO BOX 1805
ISLAMORADA, FL 33036

New Mailing Address:

FEI Number: 65-0802316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUMAT, GILLES
81197 OVERSEAS HWY
ISLAMORADA, FL 33036 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FUMAT, GILLES
Address: PO BOX 1805
City-St-Zip: ISLAMORADA, FL 33036

Title: STD () Delete
Name: SAUNDERS, LESLEY
Address: PO BOX 1805
City-St-Zip: ISLAMORADA, FL 33036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FUMAT GILLES

PDT

05/13/2009

Electronic Signature of Signing Officer or Director

Date