



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90050 008 \*\*\*150.00

<b>DOCUMENT # P99000048100</b>					
<b>1. Entity Name</b> <b>GOLF ASSOCIATE MEMBERSHIP CLUB, INC.</b>					
<b>Principal Place of Business</b> 8361 SE DOUBLE TREE DR. HOBE SOUND, FL 33455			<b>Mailing Address</b> 8361 SE DOUBLE TREE DR. HOBE SOUND, FL 33455		
<b>2. Principal Place of Business</b> 8129 SE Pavrodis Lane Suite, Apt. #, etc.		<b>3. Mailing Address</b> 8129 SE Pavrodis Lane Suite, Apt. #, etc.			
<b>City &amp; State</b> Hobe Sound, FL		<b>City &amp; State</b> Hobe Sound, FL		<b>4. FEI Number</b> 65-0923313	
<b>Zip</b> 33455		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> VASSALOTTI, NICHOLAS S 8361 S.E. DOUBLE TREE DR. HOBE SOUND, FL 33455			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 8129 SE Pavrodis Lane City Hobe Sound FL Zip Code 33455		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>P</b> VASSALOTTI, NICHOLAS S 8361 SE DOUBLE TREE DRIVE WEST PALM BEACH, FL 33405	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	8129 SE Pavrodis Lane Hobe Sound, FL 33455	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>ST</b> VASSALOTTI, PAULA 8861 SE DOUBLE TREE DRIVE WEST PALM BEACH, FL 33405	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	8129 SE Pavrodis Lane Hobe Sound, FL 33455	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-19-04 <small>Date Daytime Phone #</small>		