FILED
Apr 24, 2003 8:00 am
Secretary of State
04-24-2003 90278 034 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048100

1. Entity Name
GOLF ASSOCIATE MEMBERSHIP CLUB, INC.

11013914

Principal Place of Business	Mailing Address
PO BOX 805 HOBE SOUND, FL 33475-0805	PO BOX 805 HOBE SOUND, FL 33475-0805

2. Principal Place of Business	3. Mailing Address
8361 SE DOUBLE TREE DR	8361 SE DOUBLE TREE DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOBE SOUND, FL	City & State: HOBE SOUND, FL
Zip: 33455 Country: MARTIN	Zip: 33455 Country: MARTIN

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0923313 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VASSALOTTI, NICHOLAS S
8361 S.E. DOUBLE TREE DR.
HOBE SOUND, FL 33455

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	P	TITLE	
NAME	VASSALOTTI, NICHOLAS S	NAME	
STREET ADDRESS	8361 SE DOUBLE TREE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405 ☐ Delete	CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	ST	TITLE	
NAME	VASSALOTTI, PAULA	NAME	
STREET ADDRESS	8861 SE DOUBLE TREE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405 ☐ Delete	CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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.

SIGNATURE: ______ 4-18-03 722-463-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #