

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755383

Entity Name: GOLF LAKE VILLAS ASSOCIATION, INC.**Current Principal Place of Business:**676 NE LITTLE KAYAK PT
PORT ST LUCIE, FL 34983**Current Mailing Address:**5475 NORTHWEST SAINT JAMES DRIVE
BOX 167
PORT ST. LUCIE, FL 34983 US**FEI Number:** 59-2433944**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSS, EARLE, BONAN & ENSOR, PA
819 SW FEDERAL HWY
SUITE 302
STUART, FL 34994 US*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:** JACOB ENSOR

04/03/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT, DIRECTOR
Name	MCLAUGHLIN, MICHAEL
Address	5475 NORTHWEST SAINT JAMES DRIVE BOX 167
City-State-Zip:	PORT ST. LUCIE FL 34983

Title	TD, DIRECTOR
Name	BEACH, LINDA
Address	5475 NORTHWEST SAINT JAMES DRIVE BOX 167
City-State-Zip:	PORT ST. LUCIE FL 34983

Title	SD
Name	HABERSTROH, KATHLEEN
Address	5475 NORTHWEST SAINT JAMES DRIVE BOX 167
City-State-Zip:	PORT ST. LUCIE FL 34983

Title	DIRECTOR
Name	LEBEAU, BRUCE
Address	5475 NORTHWEST SAINT JAMES DRIVE BOX 167
City-State-Zip:	PORT ST. LUCIE FL 34983

Title	DIRECTOR, VP
Name	MAFFEI, ERNEST
Address	5475 NW ST JAMES DRIVE, BOX 167
City-State-Zip:	PORT ST LUCIE FL 34983

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL MCLAUGHLIN

PRESIDENT

04/03/2024

Electronic Signature of Signing Officer/Director Detail

Date