

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730464

FILED  
Jan 21, 2009  
Secretary of State

**Entity Name:** THE GOLFVIEW CLUB AT FONTAINEBLEAU PARK CONDOMINIUM NO. I, INC.

**Current Principal Place of Business:**

9682 FONTAINEBLEAU BLVD.  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 440067  
MIAMI, FL 33144

**New Mailing Address:**

FEI Number: 59-1629223      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

UNLIMITED PROPERTY MGMT  
7655 NW 50 ST  
MIAMI, FL 33166      US

**Name and Address of New Registered Agent:**

UPM  
7655 NW 50 ST  
MIAMI, FL 33166      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: UPM

01/21/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: SOSA, ARACELI  
Address: 7655 NW 50 ST  
City-St-Zip: MIAMI, FL 33166

Title: VD      ( ) Delete  
Name: ELENA, CARASA  
Address: 7655 NW 50 ST  
City-St-Zip: MIAMI, FL 33166

Title: TD      ( ) Delete  
Name: REYES, DULCE  
Address: 7655 NW 50 ST  
City-St-Zip: MIAMI, FL 33166

Title: SD      ( ) Delete  
Name: PRIETO, GRACIELA  
Address: 7655 NW 50 ST  
City-St-Zip: MIAMI, FL 33166

Title: DD      ( ) Delete  
Name: GIL, DEREK  
Address: 7655 NW 50 ST  
City-St-Zip: MIAMI, FL 33166

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

SIGNATURE: SOSA ARACELI

MRS

01/21/2009

Electronic Signature of Signing Officer or Director

Date