

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90043 029 ****61.25

DOCUMENT # 750396

1. Entity Name

GOLFVIEW HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% SENTRY MANAGEMENT INC.
 2180 WEST SR 434, STE. 5000
 LONGWOOD FL 32779-5044

% SENTRY MANAGEMENT INC.
 2180 WEST SR 434, STE. 5000
 LONGWOOD FL 32779

UNIVERSITY



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2089338**
~~59-2089333~~

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART, JAMES W
 C/O SENTRY MANAGEMENT, INC.
 2180 WEST SR 434, SUITE 5000
 LONGWOOD FL 32779-5044

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

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MCINERNEY, JAMES	
STREET ADDRESS	4335 PLAZA GATE LANE, #202	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GIANSANTE, DAINNE	
STREET ADDRESS	4309 PLAZA GATE LANE #201	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOUTHILLIER, BEN	
STREET ADDRESS	4333-202 PLAZA GATE LN	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BABER, TOM	
STREET ADDRESS	P.O. BOX 23611	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAMBRICK, PAUL	
STREET ADDRESS	4334 PLAZA GATE LANE, #301	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FALSON, CHARLES	
STREET ADDRESS	4330 PLAZA GATE LANE, #102	
CITY-ST-ZIP	JACKSONVILLE FL 32227	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEWMAN, TOM	
STREET ADDRESS	4306 PLAZA GATE LN UNIT #201	
CITY-ST-ZIP	JACKSONVILLE FL 32241	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERCY, JAMES	
STREET ADDRESS	4308 PLAZA GATE LN UNIT #201	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRITT, RICHARD	
STREET ADDRESS	4310 PLAZA GATE LN UNIT #202	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, JAMES	
STREET ADDRESS	4312 PLAZA GATE LN UNIT #202	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MADIGAN, MICHAEL	
STREET ADDRESS	4482 S CAROLYN COVE LN	
CITY-ST-ZIP	JACKSONVILLE FL 32258	

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 617, 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: *Thomas F. Newman* *Tom Newman*