

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90062 011 ****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 32779-5044

C0043340



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

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 NAME	PD NEWMAN, TOM	<input type="checkbox"/> Delete
STREET ADDRESS	4306 PLAZA GATE LN UNIT #201	
CITY-ST-ZIP	JACKSONVILLE FL 32241	
TITLE NAME	SD GIANSANTE, DAINNE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4309 PLAZA GATE LANE #201	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE NAME	VD PERCY, JAMES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4308 PLAZA GATE LN UNIT #201	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE NAME	TD BRITT, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS	4310 PLAZA GATE LN UNIT #202	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE NAME	D BROWN, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS	4312 PLAZA GATE LN UNIT #202	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE NAME	D MADIGAN, MICHAEL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4482 S CAROLYN COVE LN	
CITY-ST-ZIP	JACKSONVILLE FL 32258	

TITLE NAME	D BROWN, RICK	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4316 PLAZA GATE LN UNIT #202	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE NAME	D THOMAS, ROB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4313 PLAZA GATE LN UNIT #201	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE NAME	D WESTERMAN, STEPHANIE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4303 PLAZA GATE LN UNIT #101	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 P. Newman Pres* 3-1-01 904-739-1714
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)