

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90074 024 ****61.25

DOCUMENT # N07415

1. Entity Name

GOLF VIEW HOME OWNERS INCORPORATED

Principal Place of Business

Mailing Address

C/O DEBLASI, JOSEPH
901 N.W. 31ST AVE.
POMPANO BEACH FL 33069
US

C/O DEVLASI, JOSEPH
3567 BUNKER BLVD
POMPANO BEACH FL 33069-1116

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6508460

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

MARCEL PLANTE
3517 BUNKER BLVD.
POMPANO BEACH FL 33069

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]

MARCEL PLANTE PRESIDENT. 03/09/2000

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 **PD** ☐ Delete
NAME **PLANTE, MARCEL**
STREET ADDRESS **3517 BUNKER BLVD.**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **DEBLASI, JOSEPH**
STREET ADDRESS **3567 BUNKER BLVD.**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **FISHLOCK, ROBERT**
STREET ADDRESS **3466 BUNKER BLVD**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **THIBODEAU, PIERRETTE**
STREET ADDRESS **3446 BUNKER BLVD**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☒ Change ☐ Addition
NAME **MELAREN SALLY**
STREET ADDRESS **3575 TEE TERRACE**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **TD** ☐ Delete
NAME **FRECHETTE, ROLLAND**
STREET ADDRESS **3565 TEE TERRACE**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ Change ☒ Addition
NAME **HOLMES BETTY**
STREET ADDRESS **3506 BUNKER BLVD**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **D** ☐ Delete
NAME **HUGHES, DAVID**
STREET ADDRESS **3539 EAGLE DR.**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ Change ☒ Addition
NAME **DESHAIES JACQUELINE**
STREET ADDRESS **3431 FAIRWAY DRIVE**
CITY-ST-ZIP **POMPANO BEACH, FL. 33069**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]

MARCEL PLANTE

PRES. MARCH 9TH, 2000

954-968-5298

CR2E037 (9/99)