2002 UNIFORM BUSINESS REPORT (UBR)

Mar 28, 2002 8:00 am Secretary of State **DOCUMENT # N07415** 1. Entity Name 03-28-2002 90780 012 ****61.25 **GOLF VIEW HOME OWNERS INCORPORATED** Principal Place of Business Mailing Address C/O MARCELL PLANTE M WATTS 901 N.W. 31ST AVE. POMPANO BEACH FL 33069 3505-TEE TERRACE POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address 3564 122 ERRACE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-6508460 om pono Sauce Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 3069 Fee Required 30 Waas 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARGDAST MARGARET Street Address (P.O. Box Number is Not Acceptable) - MARCEL, PLANTE 3505 TEE TERRACE POMPANO BEACH FL 33069 Zip Code 33069 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 MARCARET Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11, PD Delete TITLE TITLE Change ☐ Addition MARCARET NAME PLANTE, MARCEL 3564 STREET ADDRESS STREET ADDRESS 3505 TEE TERRACE CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 TITLE ٧D ☐ Defete ☐ Addition MICHEL, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 3505 TEE TERRACE CITY-ST-ZIP CITY-ST-ZIF POMPANO BEACH FL 33069 ✓ Change Addition TITLE Delete: TITLE EUATTERS, EO NAME FISHLOCK, ROBERT NAME 3528 EAGLE De STREET ADDRESS STREET ADDRESS 3466 BUNKER BLVD BESLOT FLO 33069 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 SD ☐ Delete TITLE ☐ Addition TITLE THIBODEAU, HELEN NAME NAME STREET ADDRESS 3472 GOLFVIEW BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 Change TD TITLE ☐ Delete TITLE ☐ Addition GRIFFIN, NORMA GRIFFON, NORMA NAME NAME STREET ADDRESS STREET ADDRESS 3499 EAGLE DR CITY-ST-ZIP POMPANO BEACH FL 33069 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE HUGHES, DAVID NAME NAME STREET ADDRESS 3539 EAGLE DR. STREET ADDRESS

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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: MATURE REMIWESTE

POMPANO BEACH FL 33069

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MA9 12.02 954-956-8746