

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90067 015 \*\*\*\*64.00

**DOCUMENT # N07415**

1. Entity Name

GOLF VIEW HOME OWNERS INCORPORATED



Principal Place of Business

901 N.W. 31ST AVE.  
POMPANO BEACH FL 33069  
US

Mailing Address

C/O M WATTS  
3564 TEE TERRACE  
POMPANO BEACH FL 33069

29021700



MOORE CR2E037 (11/03)

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

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WATTS, MARGARET  
3564 TEE TERRACE  
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name

Daley, Jack

Street Address (P.O. Box Number is Not Acceptable)

833 Golf View Blvd.  
Pompano Beach.

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Jack C Daley*

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-10-04

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WATTS, MARGARET	
STREET ADDRESS	3564 TEE TERRACE	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MICHEL, RICHARD	
STREET ADDRESS	3505 TEE TERRACE	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TRANSUE, LYNN	
STREET ADDRESS	790 BIRDIE LN	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	THIBODEAU, HELEN	
STREET ADDRESS	3472 GOLFVIEW BLVD	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GRIFFIN, NORMA	
STREET ADDRESS	3499 EAGLE DR	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBBINS, JANE	
STREET ADDRESS	3385 TEE TERR	
CITY-ST-ZIP	POMPANO BEACH FL 33069	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daley, Jack	
STREET ADDRESS	833 Golf View Blvd	
CITY-ST-ZIP	Pompano Beach FL 33069	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LaSnier, Horace	
STREET ADDRESS	786 Wedge Lane	
CITY-ST-ZIP	Pompano Beach FL 33069	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sloat, Joan	
STREET ADDRESS	777 Wedge Lane	
CITY-ST-ZIP	Pompano Beach FL 33069	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	King, Patricia	
STREET ADDRESS	781 Birdie Lane	
CITY-ST-ZIP	Pompano Beach FL 33069	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hilton, Peggy	
STREET ADDRESS	765 Par 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:

*Patricia King*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-04

Date

Daytime Phone #

954-922-7745