

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N07415**

1. Entity Name  
**GOLF VIEW HOME OWNERS INCORPORATED**



Principal Place of Business  
**901 N.W. 31ST AVE.  
POMPAÑO BEACH, FL 33069 US**

Mailing Address  
**C/O DALEY  
833 GOLF VIEW BLVD  
POMPAÑO BEACH, FL 33069**



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-6508460**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**DALEY, JACK  
833 GOLF VIEW BLVD.  
POMPAÑO BEACH, FL 33069**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	DALEY, JACK
STREET ADDRESS	833 GOLDVIEW BLVD.
CITY-ST-ZIP	POMPAÑO BEACH, FL 33069
TITLE	VD
NAME	LASNIER, HORACE
STREET ADDRESS	786 LUEDGE LANE
CITY-ST-ZIP	POMPAÑO BEACH, FL 33069
TITLE	VP
NAME	TRANSUE, LYNN
STREET ADDRESS	790 BIRDIE LN
CITY-ST-ZIP	POMPAÑO BEACH, FL 33069
TITLE	SD
NAME	SLOAT, JOAN
STREET ADDRESS	777 WEDGE LANE
CITY-ST-ZIP	POMPAÑO BEACH, FL 33069
TITLE	TD
NAME	KING, PATRICIA
STREET ADDRESS	781 BIRDIE LANE
CITY-ST-ZIP	POMPAÑO BEACH, FL 33069
TITLE	D
NAME	ROBBINS, JANE
STREET ADDRESS	3385 TEE TERR
CITY-ST-ZIP	POMPAÑO BEACH, FL 33069

11/21/06-80056-017 \$1.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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

*1-11-06*  
Date

*954-970774*  
Daytime Phone #