

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90079 023 \*\*\*\*61.25

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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. 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

**FILE NOW: FEE IS \$61.25**

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 NAME	PD WATTS, MARGARET	<input type="checkbox"/> Delete
STREET ADDRESS	3564 TEE TERRACE	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE NAME	VD MICHEL, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS	3505 TEE TERRACE	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE NAME	VD WATTERS, ED	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3528 EAGLE DR	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE NAME	SD THIBODEAU, HELEN	<input type="checkbox"/> Delete
STREET ADDRESS	3472 GOLFVIEW BLVD	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE NAME	TD GRIFFIN, NORMA	<input type="checkbox"/> Delete
STREET ADDRESS	3499 EAGLE DR	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE NAME	D HUGHES, DAVID	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3539 EAGLE DR.	
CITY-ST-ZIP	POMPANO BEACH FL 33069	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE NAME	VP LYNN TRANSUE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	790 BIRDIE LANE	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D JANE ROBBINS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3385 TEE TERRACE	
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: NORMA GRIFFIN**

*March 2003 954-977-0451*

CR2E037 (10/02)