1/16

DOCUMENT # N03796

1. Entity Name

GOLF VIEW VILLAS HOMEOWNERS ASSOCIATION, INC.

FILED
Feb 09, 2001 8:00 am
Secretary of State
01-16-2001 90005 025 ****61.25

Principal Place of Business	Mailing Address
C/O SEABORARD ARBORS MANAGEMENT SVCS INC 2189 CLEVELAND ST. STE. 225 CLEARWATER FL 33765 US	C/O SEABOARD ARBORS MANAGEMENT SERVICES 2189 CLEVELAND ST. STE. 225 CLEARWATER FL 33765 US

DO NOT WRITE IN THIS SPACE

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 59-2469251 ☐ Applied For ☐ Not Applicable

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
LEIGHTON, LENNARD C/O SEABOARD ARBORS MGMT SERVICES, INC. 2189 CLEVELAND ST. STE. 225 CLEARWATER FL 33765	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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WEINBERG, AARON 1066 SEVILLE DRIVE PALM HARBOR FL 34685	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BARNES, WILLIAM 970 MADRID DRIVE PALM HARBOR FL 34685	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SHARON O' FLANNERY 950 MADRID DRIVE PALM HARBOR FL 34685	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BROOKS, VIRGINIA 1113 MADEIRA DR PALM HARBOR FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OSBURN, JACK 976 MADRID DR PALM HARBOR FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DON FRISELL 1098 SEVILLE DRIVE PALM HARBOR FL 34685	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARBARA MACDONALD 1107 MADEIRA DRIVE PALM HARBOR FL 34685	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 REQUIRED, Pres. of Golf View Villas 2/1/00 727-466-0591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #