

DOCUMENT# N06000012727

FILED
Apr 29, 2009
Secretary of State

Entity Name: GOLFVIEW TOWNHOMES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

1433 COLLINS AVE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1433 COLLINS AVE
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FBI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUBART, LEONARD
100 WEST CYPRESS CREEK STE 700
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date _____

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: SCHEINBLUM, BRIAN
Address: 1433 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: DV () Delete
Name: SABET, MICHAEL
Address: 1433 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: DS () Delete
Name: SCHEINBLUM, MARK
Address: 1433 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN SCHEINBLUM

DPT

04/29/2009

Electronic Signature of Signing Officer or Director

Date _____