

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 722031 1. Entity Name GOLFVIEW HARBOUR ESTATES HOMEOWNERS ASSOCIATION, INC.						FILED 05 APR 12 PM 12:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA <i>04-25</i>	
Principal Place of Business 2775 SW 14TH ST. BOYNTON BEACH, FL 33426				Mailing Address 2775 SW 14TH ST. BOYNTON BEACH, FL 33426			
2. Principal Place of Business		3. Mailing Address		4. FEI Number		5. Certificate of Status Desired	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		23-7375291		<input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		04062005 REIN-NP CR2E099 (6/04)		Applied For	
Zip		Zip		33426		Not Applicable	
Country		Country		PBC			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PHILLPOTT, RICHARD 1361 S.W. 27TH AVENUE BOYNTON BEACH, FL 33426				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 <i>[Signature]</i>				DATE 4-6-05			
Signature, typed or printed name of registered agent and use if applicable.				(NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	PHILLPOTT, RICHARD		NAME	900052139069			
STREET ADDRESS	1361 S.W. 27TH AVENUE		STREET ADDRESS	04/26/05--01060--002 **\$1.25			
CITY-ST-ZIP	BOYNTON BEACH, FL		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MORERA, MARY		NAME	900052139069			
STREET ADDRESS	1340 S.W. 26TH AVENUE		STREET ADDRESS	04/26/05--01060--003 **\$1.25			
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DESANTIS, JOSEPHINE		NAME				
STREET ADDRESS	1360 SW 27TH AVE		STREET ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH, FL		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MATTHEWS, JIM		NAME				
STREET ADDRESS	1350 SW 26TH AVE.		STREET ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CALLAHAN, JACQUELINE		NAME	STACY BARTIK			
STREET ADDRESS	1331 SW 26 AVE.		STREET ADDRESS	1125 SW 27TH AVE			
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP	BOYNTON Bch FL. 33426			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	KING, ROBERT		NAME	ANA LINDBERG			
STREET ADDRESS	2536 SW 10TH ST.		STREET ADDRESS	1341 SW 27th AVE			
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP	BOYNTON Bch FL- 33426			
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 persons empowered.							
SIGNATURE: <i>[Signature]</i>				DATE 4-6-05			
Signature and typed or printed name of signing officer or director				Date Daytime Phone #			