

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90320 020 ****61.25

DOCUMENT # 725842

1. Entity Name

GOLF VIEW CLUB OF GULF STREAM, INC.



Principal Place of Business

3883 GULFSTREAM ROAD
GULFSTREAM FL 33483
US

Mailing Address

P O BOX 1132
BOYNTON BEACH FL 33425-132
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-1450701

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

SMITH, ERIK
1171 NORTH OCEAN BLVD - OFFICE
GULFSTREAM FL 33483

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)

4/15/05

FILE NOW: FEE IS \$61.25.
Due By May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD WILLIAMSON, ERIC	<input type="checkbox"/> Delete
STREET ADDRESS	3883 GULFSTREAM ROAD	
CITY - ST - ZIP	GULFSTREAM FL 33483	
TITLE NAME	SD HOWARD, SANDY	<input type="checkbox"/> Delete
STREET ADDRESS	3883 BERMUDA LANE 4N	
CITY - ST - ZIP	GULFSTREAM FL 33483	
TITLE NAME	TD SUFFERN, GARY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3883 GULFSTREAM ROAD #1N	
CITY - ST - ZIP	GULFSTREAM FL 33483	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME	T HOWARD, SANDY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3883 BERMUDA LANE GULFSTREAM ROAD	
CITY - ST - ZIP	GULFSTREAM, FL 33483	
TITLE NAME	S CALDWELL, JOHN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3883 GULFSTREAM ROAD	
CITY - ST - ZIP	GULFSTREAM, FL 33483	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05

7501

Date

Daytime Phone #