

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 05, 2007 08:00 AM  
Secretary of State

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  
3883 GULFSTREAM ROAD  
GULFSTREAM, FL 33483 US



03012007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

OTOWICHIS, RUSSELL  
3883 GULF STREAM RD  
1-NORTH  
GULF STREAM, FL 33483

**DO NOT WRITE  
IN THIS SPACE**

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

*Russell Otowichis*

*Russell Otowichis*

*3/1/07*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000656330  
03/14/07-80021-020 61.25

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME OTOWCHITS, RUSSELL  
STREET ADDRESS 3883 GULF STREAM RD 1-NORTH  
CITY-ST-ZIP GULFSTREAM, FL 33483

TITLE T  
NAME HOWARD, SANDY  
STREET ADDRESS 3883 GULFSTREAM ROAD  
CITY-ST-ZIP GULFSTREAM, FL 33483

TITLE S  
NAME TRIANT, GEORGE  
STREET ADDRESS 3883 GULF STREAM RD 4-S  
CITY-ST-ZIP GULFSTREAM, FL 33483

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Russell Otowichis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #