

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90031 018 \*\*\*\*61.25

|                                                                               |         |                                                                                                                               |         |
|-------------------------------------------------------------------------------|---------|-------------------------------------------------------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # 726298</b>                                                      |         |                                              |         |
| 1. Entity Name<br><b>GOLFVIEW TOWNHOUSES, INC.</b>                            |         |                                                                                                                               |         |
| Principal Place of Business<br><b>418 HOWARD AVENUE<br/>LAKELAND FL 33801</b> |         | Mailing Address<br><b>C/O LAKELAND PROPERTIES &amp; MGMT, INC<br/>2000 E. EDGEWOOD DRIVE, SUITE 214<br/>LAKELAND FL 33803</b> |         |
| 2. Principal Place of Business                                                |         | 3. Mailing Address                                                                                                            |         |
| Suite, Apt. #, etc.                                                           |         | Suite, Apt. #, etc.                                                                                                           |         |
| City & State                                                                  |         | City & State                                                                                                                  |         |
| Zip                                                                           | Country | Zip                                                                                                                           | Country |

**54011376**



MOORE CR2E037 (11/03)

|                                                           |  |                                                        |  |
|-----------------------------------------------------------|--|--------------------------------------------------------|--|
| 4. FEI Number<br><b>59-1977498</b>                        |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required                  |  |

|                                                                       |  |                                                                                          |  |
|-----------------------------------------------------------------------|--|------------------------------------------------------------------------------------------|--|
| <b>6. Name and Address of Current Registered Agent</b>                |  | <b>7. Name and Address of New Registered Agent</b>                                       |  |
| <b>MILLER, MARK N<br/>ONE LAKE MORTON DRIVE<br/>LAKELAND FL 33801</b> |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                                        |                                                                                     |                                    |                                                              |
|--------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------|

|                                                |                                                                                                                                  |                                                              |                                                                   |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------|
| <b>10. OFFICERS AND DIRECTORS</b>              |                                                                                                                                  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>HOFFER, DOUGLAS R</b><br><b>408-C HOWARD AVENUE</b><br><b>LAKELAND FL</b> <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ST</b><br><b>ALBRITTON, SUE</b><br><b>412-A HOWARD AVENUE</b><br><b>LAKELAND FL</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>YOUNG, JOHN R</b><br><b>408 A HOWARD AVENUE</b><br><b>LAKELAND FL</b> <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP</b><br><b>HATFIELD, RONALD D</b><br><b>404 A HOWARD AVENUE</b><br><b>LAKELAND FL 33815</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>PARKINSON, CHUCK</b><br><b>416 A HOWARD AVENUE</b><br><b>LAKELAND FL</b> <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DIRECTOR</b><br><b>JERRY STOUT</b><br><b>400A HOWARD AVE</b><br><b>LAKELAND, FL 33815</b> <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:** *Charles X. Palmer* **2/18/04** **863-6887900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #