DW

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

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 726298

1. Entity Name

GOLFVIEW TOWNHOUSES, INC.

Principal Place of Business

418 HOWARD AVENUE
LAKELAND FL 33801

Mailing Address

C/O LAKELAND PROPERTIES & MGMT ,INC
2000 E. EDGEWOOD DRIVE, SUITE 214
LAKELAND FL 33803

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

1st MOORE CR2E037 (10/04)

4. FEI Number 59-1977498 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, MARK N
ONE LAKE MORTON DRIVE
LAKELAND FL 33801

7. Name and Address of New Registered Agent

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) DATE

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

TITLE	D	☐ Delete
NAME	HOFFER, DOUGLAS R	
STREET ADDRESS	408-C HOWARD AVENUE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	ST	☐ Delete
NAME	ALBRITTON, SUE	
STREET ADDRESS	412-A HOWARD AVENUE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VP	☐ Delete
NAME	HATFIELD, RONALD D	
STREET ADDRESS	404 A HOWARD AVENUE	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	P	☐ Delete
NAME	PARKINSON, CHUCK	
STREET ADDRESS	416 A HOWARD AVENUE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	☐ Delete
NAME	STOUT, JERRY	
STREET ADDRESS	400 HOWARD AVE	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME	U00000235132	
STREET ADDRESS	02/18/05-80049-004 61.25	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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: Charles L. Parkinson   Charles L. Parkinson   1/30/05   863-688-7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #