

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90118 030 ****61.25

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

00000845



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/05)

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

7. Name and Address of New Registered Agent

MILLER, MARK N
ONE LAKE MORTON DRIVE
LAKELAND FL 33801

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, 2006

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 D ☐ Delete
NAME HOFFER, DOUGLAS R
STREET ADDRESS 408-C HOWARD AVENUE
CITY-ST-ZIP LAKELAND FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☒ Delete
NAME ALBRITTON, SUE
STREET ADDRESS 412-A HOWARD AVENUE
CITY-ST-ZIP LAKELAND FL

TITLE ☐ Change ☒ Addition
NAME ST
STREET ADDRESS Wilson, George
CITY-ST-ZIP 400 C Howard Avenue
Lakeland, FL 33815

TITLE VP ☐ Delete
NAME HATFIELD, RONALD D
STREET ADDRESS 404 A HOWARD AVENUE
CITY-ST-ZIP LAKELAND FL 33815

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME PARKINSON, CHUCK
STREET ADDRESS 416 A HOWARD AVENUE
CITY-ST-ZIP LAKELAND FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME STOUT, JERRY
STREET ADDRESS 400 HOWARD AVE
CITY-ST-ZIP LAKELAND FL 33815

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Hill, Huelan
CITY-ST-ZIP 400A Howard Avenue
Lakeland FL 33815

TITLE ☐ Delete
NAME
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 exemptions contained in Section 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:

Charles Park

2/17/06

863-688-7900