2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 27, 2008 8:00 am **DOCUMENT # 726298 Secretary of State** 1. Entity Name 03-27-2008 90039 028 ****61.25 GOLFVIEW TOWNHOUSES, INC. Principal Place of Business Mailing Address C/O LAKELAND PROPERTIES & MGMT ,INC 2000 E. EDGEWOOD DRIVE, SUITE 214 418 HOWARD AVENUE LAKELAND FL 33801 LAKELAND FL 33803 2. Principa: Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. erc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) Applied For City & State City & State 4. FEI Number 59-1977498 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FEAR, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) ONE LAKE MORTON DRIVE LAKELAND FL 33801 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 prened name of registered agent and the disapticable. (NOTE: Begistered Agent signature recurred when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. VP TITLE X Change TITLE Delete Addition HOFFER, DOUGLAS R HAME HOFFER, DOUGLAS R NAME 408-C HOWARD AVENUE STREET ADDRESS STREET ACCRESS 408-C HOWARD AVENUE LAKELAND FL CITY ST-ZIP CITY-ST-ZIP LAKELAND FL 33815 ☐ Delote TITLE ☐ Change ☐ Addition SNOW, KIMBERLEE D NAME NAME 400 E HOWARD AVE STREET ADDRESS STREET ADDRESS LAKELAND FL 33815 CITY - ST - 7IP CITY-ST-ZIP THUE Delete TITLE Change ncitibbA [_] HATFIELD, RONALD D NAME NAME 404 A HOWARD AVENUE STREET ADDRESS STREET AUDPESS CITY-ST-ZIP LAKELAND FL 33815 CITY-ST-ZIP x Change TITLE Delete TITLE ☐ Addition ODETTA, DYSERT ODETTA, DYSERT NAME NAME 404 C HOWARD AVE STREET ADDRESS STREET ADDRESS 404-C HOWARD AVENUE LAKELAND FL 33815 CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33815 THE ☐ Delete TITLE ☐ Change ☐ Addition WEISS, JO NAME MAME 408 D HOWARD AVE STREET ADORESS STREET ADDRESS LAKELAND FL 33815 CITY-ST-ZIP CITY-ST-7:P Delete TITLE TITLE Change ☐ Addition NAME NAME

STREET ADDRESS

CITY-ST-ZIP 12. Thereby 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

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of the corporation or the receiver or trustee empowered to choose the empowered. It changed, or on an attackingent with an address, with all other like empowered. residenty Bodiel 3/13/08 SIGNATURE:

STREET ADDRESS

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