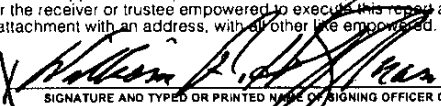


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90178 025 ****61.25

DOCUMENT # 738618 1. Entity Name TOWNHOUSES OF GOLF VIEW HARBOUR CLUB, INC.					
Principal Place of Business C/O PRIME MANAGEMENT 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487 US			Mailing Address C/O PRIME MANAGEMENT 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2297902	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WELLBORN, ELIZABETH R ESQ. 1701 W. HILLSBORO BLVD. SUITE 302 DEERFIELD BEACH, FL 33442				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				State FL	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable				DATE _____ (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		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	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME
	SKOSKIE, PAUL	1437 PRINCETON LANE	BOYNTON BEACH, FL		SKOSKIE, PAUL
	FERDIN, YOLANDA	1416 PRINCETON LANE	BOYNTON BEACH, FL 33426		FERDIN, YOLANDA
	DONISI, CHARLAS JR.	2726 YALE LANE	BOYNTON BEACH, FL 33426		DONISI, CHARLAS JR.
	HOFFMAN, WILLIAM	1420 PRINCETON LANE	BOYNTON BEACH, FL 33426		HOFFMAN, WILLIAM
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 life empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4-12-07 Daytime Phone #: 561-989-5037					

40060052



04032007 Chg-NP CR2E037 (12/06)