2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#738618

FILED Feb 21, 2011 Secretary of State

Entity Name: TOWNHOUSES OF GOLF VIEW HARBOUR CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O G.P.S. FINANCIAL SERVICES, INC. 2200 N. FEDERAL HIGHWAY 1100 SOUTH FEDERAL HWY., SUITE 3 212

BOYNTON BEACH, FL 33435 US BOCA RATON, FL 33431 US

Current Mailing Address: New Mailing Address:

C/O G.P.S. FINANCIAL SERVICES, INC.

1100 SOUTH FEDERAL HWY., SUITE 3

BOYNTON BEACH, FL 33435 US

2200 N. FEDERAL HIGHWAY
212

BOCA RATON, FL 33431 US

FEI Number: 59-2297902 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BACKER LAW FIRM, P.A.

400 SOUTH DIXIE HWY

STE 420

BOCA RATON, FL 33432 US

MANSFIELD, MADELINE M
2200 N. FEDERAL HIGHWAY
212

BOCA RATON, FL 33431 US

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.

SIGNATURE: MADELINE M. MANSFIELD 02/21/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P

Name: CLINGER, ROBERT

Address: 2200 N. FEDERAL HIGHWAY #212 City-St-Zip: BOCA RATON, FL 33431 US

Title: VP

Name: CANCEL, FRANCES

Address: 2200 N. FEDERAL HIGHWAY #212 City-St-Zip: BOCA RATON, FL 33431 US

Title: T

Name: LOUGHLIN, LISA A

Address: 2200 N. FEDERAL HIGHWAY #212 City-St-Zip: BOCA RATON, FL 33431 US

Title: D

Name: CHAMPAGNE, SUZANNE

Address: 2200 NORTH FEDERAL HIGHWAY City-St-Zip: BOCA RATON, FL 33431 US

Title:

Name: FUENTES, JENNIFER

Address: 2200 NORTH FEDERAL HIGHWAY

City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT CLINGER PD 02/21/2011