

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745793

FILED
Jul 18, 2006
Secretary of State

Entity Name: GOLFVIEW TOWNHOUSES CONDOMINIUM PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8709 N.W. 35TH STREET
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

8713 N.W. 35TH STREET
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 65-1157678 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DARMAN, HARRY
8709 N.W. 35TH STREET
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DARMAN, HARRY
Address: 8709 NW 35TH STREET
City-St-Zip: CORAL SPRINGS, FL 33065

Title: TSD () Delete
Name: SMITH, LAURA L
Address: 8713 NW 35TH STREET
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: FRANCOIS, GENE
Address: 8715 NW 35TH STREET
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DANOVSKE, NATHAN E
Address: 8717 NW 35TH STREET
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LAURA SMITH

TSD

07/18/2006

Electronic Signature of Signing Officer or Director

Date