

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 13, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 745793**

1. Entity Name  
**GOLFVIEW TOWNHOUSES CONDOMINIUM PROPERTY  
OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**8709 N.W. 35TH STREET  
CORAL SPRINGS, FL 33065**

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

**DO NOT WRITE IN THIS SPACE**



09052007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**65-1157678**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME DARMAN, HARRY  
STREET ADDRESS 8709 NW 35TH STREET  
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE TSD  
NAME SMITH, LAURA L  
STREET ADDRESS 8713 NW 35TH STREET  
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE D  
NAME DANOVSKI, NATHAN E  
STREET ADDRESS 8717 NW 35TH STREET  
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000773870  
09/13/07-80003-003 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LAURA SMITH  
TREASURER**

**9.5.07 954.341.1261**

Date

Daytime Phone #