


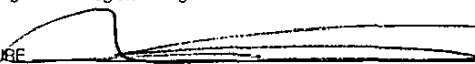
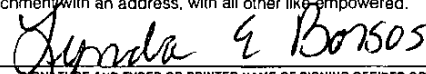
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90145 027 ****61.25

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DOCUMENT # 755721			
1. Entity Name GOLF VIEW HARBOUR ESTATES INC.			
Principal Place of Business 1477 SW 25TH PL BOYNTON BEACH, FL 33426 US		Mailing Address 314 NE 3RD STREET BOYNTON BEACH, FL 33435 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 1928 LAKE WORTH RD		3. Mailing Address Suite, Apt. #, etc. 1928 LAKE WORTH RD.	
City & State LAKE WORTH, FL		City & State LAKE WORTH, FL	
Zip 33461		Country	
4. FEI Number 59-2121083		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAPLAN, LOU 301 YAMATO ROAD SUITE 4150 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name: ASSOCIATED PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 1928 LAKE WORTH RD. City: LAKE WORTH FL 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: 		DATE: 4/3/07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD BROWN, GREG 1446C SW 25TH AVENUE BOYNTON BCH, FL 33426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRUENEWALD, RALPH 1426 S.W. 25TH AVE. #A BOYNTON BEACH, FL 33426 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRUENEWALD, RALPH 1426 SW 25TH AVE BOYNTON BEACH, FL 33426 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOR SOS, LYNDIA 1432 S.W. 26TH AVE. #C BOYNTON BEACH, FL 33426 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHERER, VERNON 1443 E SW 27TH AVE BOYNTON BEACH, FL 33426 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESCOBAR, PEDRO JR. 1456 S.W. 25TH AVE. #A BOYNTON BEACH, FL 33426 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOROSS, LYNDIA 1432 SW 26TH AVE #C BOYNTON BEACH, FL 33426 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARBY, SCOTT 1426 S.W. 25TH AVE. #C BOYNTON BEACH, FL 33426 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSTON, ROBERT 1432 SW 26TH AVE #D BOYNTON BEACH, FL 33426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BABY, SCOTT 1426 SW 25TH AVE #C BOYNTON BEACH, FL 33426 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: 		Date: 3-29-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	