2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

2727 GOLF LAKE CIRCLE

MELBOURNE FL 32935-2112

DOCUMENT # 757310

1. Entity Name

Principal Place of Business

2727 GOLF LAKE CIRCLE MELBOURNE FL 32935

GOLF VIEW CONDOMINIUM ASSOCIATION, INC.

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2. Principal Place of Business			3. Mailing Address						811 818 11 8 1841	BIBLL BLOSL BA	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	e		City & State				4. FEI Number Applied For Not Applied For Not Applied For				
Zip Country			Zip Cou		intry		5. Certificate	e of Status Desired		8.75 Add	fitional
	6. Name	and Address of Current R	agistered Agent				7. Name and Address of New Registered Agent				
			· ·		Name		Neal	McCulloh			
VOENIC (CEL MANAL				Street Address (P.O. Bex Number is Not Acceptable) Street Address (P.O. Bex Number is Not Acceptable)						
KOENIG,		CLE APT 113									
	NE FL 3293						1065	Maitland	Cntr		nons Bl
	•				City		Mait	land	FL	^{Zip} 2 7	51
8. The above	named entity	submits this statement for	the purpose of changing its	registere	ed office o	registere	ed agent, or be	oth, in the state of Flori	da.		
				~	10	/ <u>-</u>	79A1				
SIGNATURE Jun 18 COU											
SIGNATORE .	Signature, typed o	or printed name of registered agent an	d title if applicable. (NOTE	: Registered	d Agent signat	ure required	when reinstating)		DATE		
· · · · · · · · · · · · · · · · · · ·	<u> </u>										
	FILE						Make Check Payable to do Fees Department of State				
	FEE IS	\$61.25	, and desired		_	ridaca	10 1 000	Deb	arunent	oi otate	
10.		OFFICERS AND DIRE	CTORS	11.	·		ADDITIONS/C	HANGES TO OFFICER	S AND DIR	ECTORS IN	10
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TITLE	DVP	NE FL 32333		TITLE		DVP	bourne,	FL 32935		☐ Change	₩ Addition
NAME		d, Eugene	E Doloto	NAME			n McGoi	ırtv		_ •	-
STREET ADDRESS		F LAKE CIRCLE 1514			ET ADDRESS	2334	334 Golf Lake Circle, #413				
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STREET ADDRESS		F LAKE CIRCLE 1113		STRE	ET ADDRESS	2709	Golf	Lake Circ	le. #	1514	
CITY-ST-ZIP		NE FL 32935		CITY	-ST-ZIP	Melt	<u>, ourne</u>	FL 32935			
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NAME	BAKER, M.			NAMI	E Et address		ald Dr			1701	1
STREET ADDRESS CITY-ST-ZIP		F LAKE CIRCLE 1511 NE FL 32935			- ST- ZIP			Lake Circ		7/21	
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NAME		* -		NAME							
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OUTY OF TIP	1			CITY	CT 7ID	1					1

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED

Jan 24, 2000 8:00 am

Secretary of State

01-24-2000 90064 024 ****70.00

1/14/2000 (321)253-4222