

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 757310**

1. Entity Name

GOLF VIEW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**2727 GOLF LAKE CIRCLE
MELBOURNE FL 32935
BR**

Mailing Address

**2727 GOLF LAKE CIRCLE
MELBOURNE FL 32935
BR**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2078213

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****MCCULLOH, NEAL
CLAYTON & MCCULLOH
1065 MAITLAND CNTR. COMMONS BL
MAITLAND FL 32751****7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**

TITLE	DV	<input type="checkbox"/> Delete
NAME	MCGOURTY, JOAN	
STREET ADDRESS	2334 GOLF LAKE CIRCLE #413	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ROCKFORD, EUGENE	
STREET ADDRESS	2709 GOLF LAKE CIRCLE 1514	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ROCKFORD, DOROTHY	
STREET ADDRESS	2709 GOLF LAKE CIR., #1514	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BAKER, MARION B	
STREET ADDRESS	2709 GOLF LAKE CIRCLE 1511	
CITY-ST-ZIP	MELBORUNE FL 32935	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GROTHERS, LESTER	
STREET ADDRESS	2369 GOLF LAKE CIR. #721	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

(Please note
correct spelling
of last name)**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROTERS, LESTER	
STREET ADDRESS	2369 GOLF LAKE CIR. #721	
CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE Eugene Rockford **REQUIRED**

1/22/02 (321) 253-4222

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90059 021 ****61.50



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)