

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90005 047 \*\*\*\*61.25

**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

54004254



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

7. Name and Address of New Registered Agent

MCCULLOH, NEAL  
CLAYTON & MCCULLOH  
1065 MAITLAND CNTR. COMMONS BL  
MAITLAND FL 32751

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. 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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 DV ☐ Delete  
NAME BERMAN, JUDI  
STREET ADDRESS 2369 GOLF LAKE CIRCLE #713  
CITY-ST-ZIP MELBOURNE FL 32935

TITLE DV ☐ Change ☒ Addition  
NAME SCHEIN, DONALD  
STREET ADDRESS 2748 GOLF LAKE CIRCLE #814  
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE DP ☐ Delete  
NAME ROCKFORD, EUGENE  
STREET ADDRESS 2709 GOLF LAKE CIRCLE 1514  
CITY-ST-ZIP MELBOURNE FL 32935

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DT ☐ Delete  
NAME ROCKFORD, DOROTHY  
STREET ADDRESS 2709 GOLF LAKE CIR., #1514  
CITY-ST-ZIP MELBOURNE FL 32935

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DS ☐ Delete  
NAME EKINCI, ROSE  
STREET ADDRESS 2323 GOLF LAKE CIRCLE #1121  
CITY-ST-ZIP MELBOURNE FL 32935

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Dorothy Rockford* Dorothy Rockford  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/04  
Date

(321)253-4222  
Daytime Phone #