

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90017 023 ****61.25

DOCUMENT # 757310					
1. Entity Name GOLF VIEW CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2727 GOLF LAKE CIRCLE MELBOURNE, FL 32935			Mailing Address 2727 GOLF LAKE CIRCLE MELBOURNE, FL 32935		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2078213	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <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 DV NAME MASON, ELEANORE STREET ADDRESS 2675 GOLF LAKE CIRCLE #1321 CITY-ST-ZIP MELBOURNE, FL 32935	<input type="checkbox"/> Delete		TITLE President NAME Lester Grotans STREET ADDRESS 2369 Golf Lake Cr #721 CITY-ST-ZIP Melbourne FL 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DP NAME ROCKFORD, EUGENE STREET ADDRESS 2709 GOLF LAKE CIRCLE 1514 CITY-ST-ZIP MELBOURNE, FL 32935	<input type="checkbox"/> Delete		TITLE Director NAME Sol Koenig STREET ADDRESS 2720 Golf Lake Dr #113 CITY-ST-ZIP Melbourne FL 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DT NAME ROCKFORD, DOROTHY STREET ADDRESS 2709 GOLF LAKE CIR., #1514 CITY-ST-ZIP MELBOURNE, FL 32935	<input type="checkbox"/> Delete		TITLE Director NAME Victoria Chadbourne STREET ADDRESS 2748 Golf Lake Cr #813 CITY-ST-ZIP Melbourne FL 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DS NAME CRAND, LORRAINE STREET ADDRESS 2709 GOLF LAKE CIRCLE #1512 CITY-ST-ZIP MELBOURNE, FL 32935	<input type="checkbox"/> Delete		TITLE Secretary NAME Yonne Montanari STREET ADDRESS 2748 Golf Lake Circle CITY-ST-ZIP Melbourne FL 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DV NAME GOHEIN, DONALD STREET ADDRESS 2748 GOLF LAKE CIRCLE 814 CITY-ST-ZIP MELBOURNE, FL 32935	<input type="checkbox"/> Delete		TITLE Treasurer NAME Marion Baker STREET ADDRESS 2709 Golf Lake Cr #1511 CITY-ST-ZIP Melbourne FL 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DV NAME BRASI, MAXINE STREET ADDRESS 2721 GOLF LAKE CIRCLE #1714 CITY-ST-ZIP MELBOURNE, FL 32935	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Marion B Baker</u> <u>Marion B Baker Treasurer</u> <u>2-23</u> <u>321-253-5700</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					