2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State
02-22-2008 90012 048 ****61.25

DOCUMENT # 757310

1. Entity Name
GOLF VIEW CONDOMINIUM ASSOCIATION, INC.

66003929

Principal Place of Business	Mailing Address
2727 GOLF LAKE CIRCLE MELBOURNE, FL 32935	2727 GOLF LAKE CIRCLE MELBOURNE, FL 32935

02052008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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	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 Marion Baker, Treasurer (Marion Baker) 2-17-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P THOMUNE, MARK 2323 GOLF LAKE CIR 1113 MELBOURNE, FL 32935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition President Gail Bantugen 2696 Golf Lake Cir 921 Melbourne FL 32935
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KOENIA, SAL 2720 GOLF LAKE DR., #113 MELBOURNE, FL 32935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Selwyn
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CUSHWAY, DOROTHY 2720 GOLF LAKE CR #1114 MELBOURNE, FL 32935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition same
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MONTANARI, YOMNE 2748 GOLF LAKE CIR UNIT 822 MELBOURNE, FL 32935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Secretary Also do Judi Onlan 2720 Golf Lake Cir #122 Melbourne FL 32935
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BAKER, MARION 2709 GOLF LAKE CR., #1511 MELBOURNE, FL 32935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Same
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BRAST, MAXINE 2721 GOLF LAKE CIRCLE #1714 MELBOURNE, FL 32935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition none

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: Marion Baker (Marion Baker) Treasurer 3-12-08 321-253-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(Reference 757310)