

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90182 018 \*\*\*\*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**

**22003532**



☒ CHECK HERE IF MAKING CHANGES

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

Zip

Country

Zip

Country

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**

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 **MCGOURTY, JOAN**  
STREET ADDRESS **2334 GOLF LAKE CIRCLE #413**  
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **DV** ☐ Change ☒ Addition  
NAME **BERMAN, JUDI**  
STREET ADDRESS **2369 GOLF LAKE CIRCLE #713**  
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 **DS** ☐ Delete  
NAME **ROCKFORD, DOROTHY**  
STREET ADDRESS **2709 GOLF LAKE CIR. #1514**  
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **DT** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **(Title change only)**  
CITY-ST-ZIP

TITLE **DT** ☒ Delete  
NAME **BAKER, MARION B**  
STREET ADDRESS **2709 GOLF LAKE CIRCLE 1511**  
CITY-ST-ZIP **MELBORUNE FL 32935**

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

TITLE **DV** ☒ Delete  
NAME **GROTTERS, LESTER**  
STREET ADDRESS **2369 GOLF LAKE CIR. #721**  
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

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** 2/4/03 (321) 253-4222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)