

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90038 019 \*\*\*\*61.25

**DOCUMENT # 763829**

1. Entity Name

**GOLFVIEW COLONY CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**570 SW 20TH CT  
UNIT B  
DELRAY BEACH FL 33445**

Mailing Address

**566 SW 20TH CT  
UNIT B  
DELRAY BEACH FL 33445**

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

**NO-T APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/04)



6. Name and Address of Current Registered Agent

**JECK, HOWARD  
566 SW 20TH CT  
UNIT B  
DELRAY BEACH FL 33445**

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

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, 2005**

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

TITLE PD  
NAME PESKIN, HARRY  
STREET ADDRESS 570 SW 20TH CT, UNIT B  
CITY-ST-ZIP DELRAY BEACH FL 33445 ☒ Delete

TITLE VPD  
NAME MAYO, ANDREW  
STREET ADDRESS 570 SW 20TH CT, UNIT B  
CITY-ST-ZIP DELRAY BEACH FL 33445 ☐ Delete

TITLE TD  
NAME JECK, HOWARD  
STREET ADDRESS 566 SW 20TH CT, UNIT B  
CITY-ST-ZIP DELRAY BEACH FL 33445 ☐ Delete

TITLE SD  
NAME MOCK, ANNE  
STREET ADDRESS 570 SW 20TH CT, UNIT A  
CITY-ST-ZIP DELRAY BEACH FL 33445 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**HOWARD JECK, Treasurer 3/14/05 561-294-4046**