


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N00585</b> 1. Entity Name <b>GOLF VIEW VILLAS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>2189 CLEVELAND ST SUITE 225 CLEARWATER FL 33765</b>	Mailing Address <b>2189 CLEVELAND ST SUITE 225 CLEARWATER FL 33765</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE      CR2E037 (10/06)

City & State Zip      Country	City & State Zip      Country
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4. FEI Number <b>59-2363063</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>LEIGHTON, LENNARD A C/O SEABOARD ARBORS MGMT 2189 CLEVELAND ST #225 CLEARWATER FL 33765</b>
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		Delete
TITLE	PD WILLIAMS, JIM	<input type="checkbox"/>
STREET ADDRESS	3430 LORI LANE	
CITY-STATE-ZIP	NEW PORT RICHEY FL 34655	
TITLE	TD	<input type="checkbox"/>
NAME	WEWERS, DICK	
STREET ADDRESS	9316 GOLFVIEW DRIVE	
CITY-STATE-ZIP	NEW PORT RICHEY FL 34655	
TITLE	VPD	<input type="checkbox"/>
NAME	FORAND, ROLAND	
STREET ADDRESS	3620 MIRFIELD CT	
CITY-STATE-ZIP	NEW PORT RICHEY FL 34655	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		Change	Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS	U00000676659		
CITY-STATE-ZIP	03/30/07-80069-017 61.25		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *James D. Williams* → **JAMES D. WILLIAMS (727) 372-8279**