

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 21, 2009
Secretary of State**

DOCUMENT# N00585

Entity Name: GOLF VIEW VILLAS ASSOCIATION, INC.

Current Principal Place of Business:

2189 CLEVELAND ST
SUITE 225
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

2189 CLEVELAND ST
SUITE 225
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 59-2363063 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEIGHTON, LENNARD A
C/O SEABOARD ARBORS MGMT
2189 CLEVELAND ST #225
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, JIM
Address: 3430 LORI LANE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: TD () Delete
Name: WEWERS, DICK
Address: 9316 GOLFOVIEW DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VPD () Delete
Name: FORAND, ROLAND
Address: 3620 MIRFIELD CT
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CUNNINGHAM, PHIL
Address: 3439 LORI LANE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: STD (X) Change () Addition
Name: TURNER, RAYMOND
Address: 9150 GOLF VIEW DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VPD (X) Change () Addition
Name: BONK, GEORGE
Address: 9310 CHAMPIONSHIP LANE
City-St-Zip: NEW PORT RICHEY, FL 34655

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHIL CUNNINGHAM

PD

01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date