

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

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90034 028 ****61.25

DOCUMENT # N00591

1. Entity Name

GOLF VIEW VILLAS I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

% SEABOARD ARBORS
2189 CLEVELAND ST STE 225
CLEARWATER FL 33765
US

Mailing Address

% SEABOARD ARBORS
2189 CLEVELAND ST STE 225
CLEARWATER FL 33765
US



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

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2363067

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

LEIGHTON, LENNARD A
2189 CLEVELAND STREET
SUITE 225
CLEARWATER FL 33765

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, 2007

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 ☐ Delete
NAME TURNER, RAY
STREET ADDRESS 9150 GOLF VIEW DR
CITY ST ZIP NEW PORT RICHEY FL 34655

TITLE D ☒ Delete
NAME LUCCHESI, LU
STREET ADDRESS 9214 GOLF VIEW DRIVE
CITY ST ZIP NEW PORT RICHEY FL 34655

TITLE STD ☒ Delete
NAME WEWERS, DICK
STREET ADDRESS 9316 GOLFVIEW DR
CITY ST ZIP NEW PORT RICHEY FL 34655

TITLE D ☒ Delete
NAME WHELAN, JAMES
STREET ADDRESS 9232 GOLF VIEW DRIVE
CITY ST ZIP NEW PORT RICHEY FL 34655

TITLE VD ☐ Delete
NAME BONK, GEORGE
STREET ADDRESS 9310 CHAMPIONSHIP LANE
CITY ST ZIP NEW PORT RICHEY FL 34655

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE D ☐ Change ☒ Addition
NAME John Broadnax
STREET ADDRESS 9241 Golfview Drive
CITY ST ZIP New Port Richey FL 34655

TITLE D ☐ Change ☒ Addition
NAME Brian Downing
STREET ADDRESS 9207 Golfview Drive
CITY ST ZIP New Port Richey FL 34655

TITLE STD ☐ Change ☐ Addition
NAME Joseph Puglia
STREET ADDRESS 9306 Golfview Drive
CITY ST ZIP New Port Richey FL 34655

TITLE ☐ Change ☐ Addition
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 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:

Raymond H. Turner Raymond H. Turner, Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #