

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000880

FILED  
Feb 09, 2009  
Secretary of State

**Entity Name:** GOLFVIEW VILLAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3406 GOLFVIEW BLVD  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

3406 GOLFVIEW BLVD  
ORLANDO, FL 32804

**New Mailing Address:**

**FEI Number:** 06-1662835

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REINKE, RYAN  
3406 GOLFVIEW BLVD  
ORLANDO, FL 32804 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: T ( ) Delete  
Name: REINKE, RYAN  
Address: 3406 GOLFVIEW BLVD  
City-St-Zip: ORLANDO, FL 32804

Title: V ( ) Delete  
Name: DEAR, WAYNE  
Address: 3414 GOLFVIEW BLVD.  
City-St-Zip: ORLANDO, FL 32804

Title: P ( ) Delete  
Name: NOONE, STEVE  
Address: 3410 GOLFVIEW BLVD  
City-St-Zip: ORLANDO, FL 32804

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: DEAR, WAYNE  
Address: 3414 GOLFVIEW BLVD.  
City-St-Zip: ORLANDO, FL 32804

Title: V (X) Change ( ) Addition  
Name: NOONE, STEVE  
Address: 3410 GOLFVIEW BLVD  
City-St-Zip: ORLANDO, FL 32804

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: RYAN REINKE

T

02/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date