

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009383

FILED
Mar 27, 2009
Secretary of State

Entity Name: GOLFVIEW ESTATES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 51-0497740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 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: OLSTEIN, PHILIP
Address: 8261 SW 16TH AVE
City-St-Zip: OCALA, FL 34476

Title: D () Delete
Name: FJELSTAD, SCOTT
Address: 3965 JEBB ISLAND CIR
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: ZUTLAS, JOE
Address: 3401 SW 9TH AVE
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: OLSTEIN, PHILIP
Address: 8261 SW 16TH AVE
City-St-Zip: OCALA, FL 34476

Title: PD (X) Change () Addition
Name: KAUL, KEVIN
Address: 231 NE 28TH AVE #206
City-St-Zip: OCALA, FL 34470

Title: SD (X) Change () Addition
Name: BREECH, LARRY
Address: 231 NE 28TH AVE #105
City-St-Zip: OCALA, FL 34470

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: KEVIN KAUL

PD

03/27/2009

Electronic Signature of Signing Officer or Director

Date