

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 03, 2010
Secretary of State

DOCUMENT# N02000009383

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:**1136 NE 14TH STREET
OCALA, FL 34470**Current Mailing Address:**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779**New Mailing Address:**1136 NE 14TH STREET
OCALA, FL 34470**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:**KAUL, KEVIN
1136 NE 14TH STREET
OCALA, FL 34470 US

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: KEVIN KAUL

11/03/2010

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** SD
Name: WILLIAMS, JEFF
Address: 1136 NE 14TH STREET
City-St-Zip: Ocala, FL 34470**Title:** PD
Name: KAUL, KEVIN
Address: 1136 NE 14TH STREET
City-St-Zip: Ocala, FL 34470**Title:** TD
Name: PARKER, JOHN
Address: 1136 NE 14TH STREET
City-St-Zip: Ocala, FL 34470

I hereby 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 all other like empowered.

SIGNATURE: KEVIN KAUL

PD

11/03/2010

Electronic Signature of Signing Officer or Director_____
Date