2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02002

FILED Apr 15, 2007 Secretary of State

Entity Name: GOLF VIEW VILLAS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 407 HOWARD AVENUE APT. C LAKELAND, FL 33815 US **New Mailing Address: Current Mailing Address:** 407 HOWARD AVENUE APT. C LAKELAND, FL 33815 US FEI Number: 59-2949023 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOHNS, THREASEA E TREASUR 407 HOWARD AVE APT. C LAKELAND, FL 33815 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VPD () Delete (X) Change () Addition KEZELE, DUANE Name: PERKINS, DANIEL Name: 419 D HOWARD AVE Address: 401 C HOWARD AVENUE Address: City-St-Zip: LAKELAND, FL 33815 City-St-Zip: LAKELAND, FL 33815 Title: Title: (X) Change () Addition () Delete PERKINS, DANIEL Name: STUTTS, JERRY Name: Address: 401 C HOWARD AVENUE Address: 407 B HOWARD AVENUE City-St-Zip: LAKELAND, FL 33815 City-St-Zip: LAKELAND, FL 33815 Title: PTD () Delete Title: OFFI (X) Change () Addition JOHNS, BOBBY JOHNS, BOBBY Name: Name: Address: 407 C HOWARD AVE Address: 407 C HOWARD AVE City-St-Zip: LAKELAND, FL 33815 City-St-Zip: LAKELAND, FL 33815 Title: () Delete Title: ST (X) Change () Addition Name: SPENCE, PATRICK Name: JOHNS, THREASEA 413 C HOWARD AVE Address: Address: 407 C HOWARD AVE City-St-Zip: LAKELAND, FL 33815 City-St-Zip: LAKELAND, FL 33815 Title: (X) Delete Title: () Change () Addition JOHNS, THREASEA E Name: Name: 407 C HOWARD AVE Address: Address: City-St-Zip: LAKELAND, FL 33815 City-St-Zip: Title: (X) Delete Title: () Change () Addition STUTTS JERRY Name: Name: Address: 407 B HOWARD AVE Address: LAKELAND, FL 33815 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DAN PERKINS PRES 04/15/2007