2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# N02002

Entity Name: GOLF VIEW VILLAS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

407 HOWARD AVENUE
APT. C
LAKELAND, FL 33815 US

New Principal Place of Business:

401 HOWARD AVENUE
APT. C
LAKELAND, FL 33815 US

Current Mailing Address:

407 HOWARD AVENUE
APT. C
LAKELAND, FL 33815 US

New Mailing Address:

401 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:

JOHNS, THREASEA E TREASUR
407 HOWARD AVE
APT. C
LAKELAND, FL 33815 US

Name and Address of New Registered Agent:

SEITZ, MICHAEL R TREASUR
419 HOWARD AVE
APT. B
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: MICHAEL R SEITZ 02/03/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: PERKINS, DANIEL
Address: 401 C HOWARD AVENUE
City-St-Zip: LAKELAND, FL 33815

Title: OFFI ( ) Delete
Name: STUTTS, JERRY
Address: 407 B HOWARD AVENUE
City-St-Zip: LAKELAND, FL 33815

Title: OFFI (X) Delete
Name: JOHNS, BOBBY
Address: 407 C HOWARD AVE
City-St-Zip: LAKELAND, FL 33815

Title: ST (X) Delete
Name: JOHNS, THREASEA
Address: 407 C HOWARD AVE
City-St-Zip: LAKELAND, FL 33815

Title: OFFI ( ) Delete
Name: HUNT, RICK
Address: 413 A HOWARD AVE
City-St-Zip: LAKELAND, FL 33815

Title: OFFI ( ) Delete
Name: TIFFANY, HAROLD
Address: 407 D HOWARD AVE
City-St-Zip: LAKELAND, FL 33815

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: DAN PERKINS PRES 02/03/2009
Electronic Signature of Signing Officer or Director Date