


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90063 033 \*\*\*\*61.25

DOCUMENT # N03000001427	
1. Entity Name GOLFVIEW PROPERTY OWNERS' ASSOCIATION, INC.	

Principal Place of Business 1228 N. PEBBLE BEACH BLVD. SUN CITY CENTER, FL 33573	Mailing Address 1228 N. PEBBLE BEACH BLVD. SUN CITY CENTER, FL 33573
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DO NOT WRITE IN THIS SPACE



02162005 No Chg-NP CR2E037 (10/03)

4. FEI Number <u>65 1095492</u> NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  HINES, JAMES P JR 315 S HYDE PK AVE TAMPA, FL 33606
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOTZ, LARRY 1216 N. PEBBLE BEACH BLVD. SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CURTIS, SHIRLEY 1226 N. PEBBLE BEACH BLVD. SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARMINTROUT, ELNORA G 1228 N PEBBLE BCH BLVD SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elnora Armintrout  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 16, '05 740-335-1064 North  
813-633-2790 South  
Date Daytime Phone #