


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**


**DOCUMENT # N03000001427**

1. Entity Name  
**GOLFVIEW PROPERTY OWNERS' ASSOCIATION, INC.**



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



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-1095492</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HINES, JAMES P JR  
 315 S HYDE PK AVE  
 TAMPA, FL 33606**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2008**

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
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 01/09/08-80034-016 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 *Elnora Armintrout*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date January 5, 08 Daytime Phone # 813-633-2790