## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03796

FILED Apr 11, 2008 Secretary of State

Entity Name: GOLF VIEW VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place of Business:				
C/O CALIBER CONDO MER INC.				C/O CALIBER CONDO MER INC.			
32708 US 1 PALM HAR	19 N. RBOR, FL 32708	3 US			32712 US 19 N. PALM HARBOR, FL 34684 US		
Current Mailing Address:				New Mailing Address:			
C/O CALIBER CONDO MER INC. 32708 US 19 N. PALM HARBOR, FL 32708 US				C/O CALIBER CONDO MER INC. 32712 US 19 N. PALM HARBOR, FL 34684 US			
FEI Number:	59-2469251	FEI Number Applied For ( )	FEI Nun	nber Not Applicable ( )	Certificate of Status Desired ( )		
Name and	Address of Cu	rrent Registered Agent:		Name and Address of	of New Registered Agent:		
BROWN, MARJORIE I C/O CALIBER CONDO MET. INC. 32708 US 19 NORTH PALM HARBOR, FL 34684 US  The above named entity submits this statement for the purpose.				BROWN, MARJORIE I C/O CALIBER CONDO MET. INC. 32712 US 19 NORTH PALM HARBOR, FL 34684 US of changing its registered office or registered agent, or both,			
in the State		billits this statement for the p	ui pose o	r changing its registere	a office of registered agent, or both,		
SIGNATURE: MARJORIE J. BROWN				04/11/2008			
	Electronic	Signature of Registered Age	ent		Date		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:	PD () D SLAYBAUGH, CH. 1084 SEVILLE DF PALM HARBOR, F	₹.		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	TD () D SEXTON, MARGA 1086 SEVILLE D PALM HARBOR, F	RIVE		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	D () D LEOPOLD, GEOR 952 MADRID DR. PALM HARBOR, F	RGE		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:				Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VD () D PRATHER, RICHA 1122 TARTAN DR PALM HARBOR, F	IVE		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		

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: MARJORIE J. BROWN AGT 04/11/2008