

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90035 033 \*\*\*\*61.25

**DOCUMENT # N04000004875**

1. Entity Name

GOLFVIEW I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

730 BONNIE BRAE STREET  
WINTER PARK FL 32789

Mailing Address

730 BONNIE BRAE STREET  
WINTER PARK FL 32789

2. Principal Place of Business

251 WINDWARD PASS

Suite, Apt. #, etc.

Suite F

3. Mailing Address

251 WINDWARD PASS

Suite, Apt. #, etc.

Suite F

City & State

Clearwater

City & State

Clearwater

Zip

33767

Country

FLORIDA

Zip

33767

Country

FLORIDA

4. FEI Number

83-0413192

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAVANAUGH, THOMAS L  
C/O CONDO MANAGEMENT, INC.  
730 BONNIE BRAE STREET  
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name JIM NOBLES MANAGEMENT

Street Address (P.O. Box Number is Not Acceptable)  
251 WINDWARD PASS, S.F.

City Clearwater

FL

Zip Code

33767

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

*Sharon S. [Signature]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-23-06

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PVTS  
NAME CAVANAUGH, THOMAS L  
STREET ADDRESS 730 BONNIE BRAE STREET  
CITY-ST-ZIP WINTER PARK FL 32789 ☒ Delete

TITLE D  
NAME CAVANAUGH, THOMAS L  
STREET ADDRESS 730 BONNIE BRAE STREET  
CITY-ST-ZIP WINTER PARK FL 32789 ☒ Delete

TITLE D  
NAME ROSSINI, REGINA  
STREET ADDRESS 730 BONNIE BRAE STREET  
CITY-ST-ZIP WINTER PARK FL 32789 ☒ Delete

TITLE D  
NAME D'AMICO, FRANK  
STREET ADDRESS 730 BONNIE BRAE STREET  
CITY-ST-ZIP WINTER PARK FL 32789 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP  
NAME SHANDON Mc MAHON ☒ Change ☐ Addition  
STREET ADDRESS 6100 GULFPORT BLVD #112  
CITY-ST-ZIP PASADENA, FL 33707

TITLE DUP  
NAME TERESA SCHOLT ☒ Change ☐ Addition  
STREET ADDRESS 6100 GULFPORT BLVD #417  
CITY-ST-ZIP PASADENA, FL 33707

TITLE DST  
NAME ELAINE McEVY ☒ Change ☐ Addition  
STREET ADDRESS 6100 GULFPORT BLVD #107  
CITY-ST-ZIP GULFPORT, FL 33707

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Shannon C. McMahon*

3/8/06