## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N04000004875

FILED Oct 10, 2007 Secretary of State

Entity Name: GOLFVIEW I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

251 WINDWARD PASS 10681 GULF BLVD

STE I SUITE 207

CLEARWATER BEACH, FL 33767 TREASURE ISLAND, FL 33706

Current Mailing Address: New Mailing Address:

251 WINDWARD PASS 10681 GULF BLVD

STE I SUITE 207

CLEARWATER BEACH, FL 33767 TREASURE ISLAND, FL 33706

FEI Number: 83-0413192 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JIM NOBLES MGMT

281 WINDWARD PASS, S.F.

LIBERTE MANAGEMENT GROUP

10681 GULF BLVD

CLEARWATER BEACH, FL 33767 US SUITE 207

TREASURE ISLAND, FL 33707 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: DENNIS F. DITINNO 10/10/2007

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: P (X) Change ( ) Addition Name: MCMAHON, SHANNON Name: MCMAHON, SHANNON Address: 6100 GULFPORT BLVD, # 112

City-St-Zip: PASADENA, FL 33707 City-St-Zip: PASADENA, FL 33707

Title: DVP ( ) Delete Title: DVP (X) Change ( ) Addition

Name: SCHOCH, TERESA Name: MCEVOY, ELAÍNE
Address: 6100 GULFPORT BLVD. # 417 Address: 6100 GULFPORT BLVD. # 109

City-St-Zip: PASADENA, FL 33707 Address. 6100 GOLFFORT BLVD, # 23707 City-St-Zip: PASADENA, FL 33707

Title: DST ( ) Delete Title: DST (X) Change ( ) Addition

 Name:
 MCEVOY, ELAINE
 Name:
 REDDINGER, GAIL

 Address:
 6100 GULFPORT BLVD, #107
 Address:
 6100 GULFPORT BLVD, #307

 City-St-Zip:
 GULFPORT, FL 33707
 City-St-Zip:
 GULFPORT, FL 33707

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: ELAINE MCEVOY VP 10/10/2007