

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004875

FILED
Feb 05, 2009
Secretary of State

Entity Name: GOLFVIEW I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

10681 GULF BLVD
SUITE 207
TREASURE ISLAND, FL 33706

New Principal Place of Business:

Current Mailing Address:

10681 GULF BLVD
SUITE 207
TREASURE ISLAND, FL 33706

New Mailing Address:

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

Name and Address of Current Registered Agent:

PBM
5901 SUN BLVD
S03
ST. PETERSBURG, FL 33715 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CLANCY, SHANNON
Address: 5901 SUN BLVD
City-St-Zip: ST. PETERSBURG, FL 33715

Title: DT () Delete
Name: MCEVOY, ELAINE
Address: 5901 SUN BLVD
City-St-Zip: ST. PETERSBURG, FL 33715

Title: DT () Delete
Name: REDDINGER, GAIL
Address: 5901 SUN BLVD
City-St-Zip: ST. PETERSBURG, FL 33715

Title: D () Delete
Name: BOATRIGHT, JOANN
Address: 5901 SUN BLVD
City-St-Zip: ST. PETERSBURG, FL 33715

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHRIVE, JASON
Address: 5901 SUN BLVD
City-St-Zip: ST. PETERSBURG, FL 33715

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: REDDINGER, GAIL
Address: 5901 SUN BLVD
City-St-Zip: ST. PETERSBURG, FL 33715

Title: VPD (X) Change () Addition
Name: BOATRIGHT, JOANN
Address: 5901 SUN BLVD
City-St-Zip: ST. PETERSBURG, FL 33715

Title: D () Change (X) Addition
Name: FRANKEL, RON
Address: 5901 SUNB BLVD
City-St-Zip: ST PETERSBURG, FL 33715

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: WCN

RA

02/05/2009

Electronic Signature of Signing Officer or Director

_____ Date