

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04906

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Entity Name:** CLUB VIEW VILLAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

60 NORTH HALIFAX DRIVE #105  
ORMOND BEACH, FL 32176

**New Principal Place of Business:**

60 NORTH HALIFAX DRIVE  
#105  
ORMOND BEACH, FL 32176

**Current Mailing Address:**

60 NORTH HALIFAX DRIVE #105  
ORMOND BEACH, FL 321765782

**New Mailing Address:**

60 NORTH HALIFAX DRIVE  
#105  
ORMOND BEACH, FL 32176

**FEI Number:** 59-2581316

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WINTERS, ALBERT  
60 NORTH HALIFAX  
SUITE 103  
ORMOND BEACH, FL 32176 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: DP  
Name: MARKS, HAROLD  
Address: 60 N. HALIFAX DR. #105  
City-St-Zip: ORMOND BEACH, FL 32176

Title: DS  
Name: COMER, SARA  
Address: 60 NORTH HALIFAX DRIVE #101  
City-St-Zip: ORMOND BEACH, FL 32176

Title: DT  
Name: WINTERS, AL  
Address: 60 NORTH HALIFAX DR SUITE 103  
City-St-Zip: ORMOND BEACH, FL 32176

I hereby 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 all other like empowered.

SIGNATURE: ALBERT WINTERS JR

TREA

02/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date