

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012051

FILED
Mar 26, 2009
Secretary of State

Entity Name: LAKE WORTH GOLFVIEW CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

131 N. GOLFVIEW ROAD
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

131 N. GOLFVIEW ROAD
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 09-5209545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELL, RUSSELL
131 N. GOLFVIEW ROAD
UNIT NO. 5
LAKE WORTH, FL 33460 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/D () Delete
Name: BELL, RUSSELL
Address: 131 N. GOLFVIEW ROAD UNIT NO. 5
City-St-Zip: LAKE WORTH, FL 33460

Title: VT/D () Delete
Name: HILGENDORF, KENNETH
Address: 724 N. ATLANTIC DRIVE
City-St-Zip: LANTANA, FL 33462

Title: S/D () Delete
Name: MEVE, JEAN
Address: 230 POTTER ROAD
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D () Delete
Name: SALZBERGER, ERIKA
Address: 131 N. GOLFVIEW ROAD UNIT NO. 3
City-St-Zip: LAKE WORTH, FL 33460

Title: D (X) Delete
Name: SCHLOSSNIKEL, ERNST M
Address: 131 N. GOLFVIEW ROAD UNIT NO. 1
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: MEVE, JEAN
Address: 230 POTTER ROAD
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D (X) Change () Addition
Name: BUCCIGROSSI, DOMENICO
Address: 502 N. LAKESIDE DRIVE
City-St-Zip: LAKE WORTH, FL 33461

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

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: RUSSELL BELL

P

03/26/2009

Electronic Signature of Signing Officer or Director

Date