

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000576

FILED
Apr 24, 2009
Secretary of State

Entity Name: VILLAS AT GOLF VIEW CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

615 CAPE CORAL PKWY W.
SUITE 103
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

615 CAPE CORAL PKWY W.
SUITE 103
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 20-4748127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KASE, SUSAN CAM
615 CAPE CORAL PKWY WEST
SUITE 103
CAPE CORAL, FL 33914 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 () Delete
Name: PARCELL, TOBY
Address: 615 CAPE CORAL PKWY W., #103
City-St-Zip: CAPE CORAL, FL 33914

Title: DV () Delete
Name: MOORE, MICHAEL R
Address: 615 CAPE CORAL PKWY W., #103
City-St-Zip: CAPE CORAL, FL 33914

Title: DST () Delete
Name: MOORE, DAVID L
Address: 615 CAPE CORAL PKWY W., #103
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PARCELL, TOBY
Address: 615 CAPE CORAL PKWY W., #103
City-St-Zip: CAPE CORAL, FL 33914

Title: VP (X) Change () Addition
Name: MOORE, MICHAEL R
Address: 615 CAPE CORAL PKWY W., #103
City-St-Zip: CAPE CORAL, FL 33914

Title: ST (X) Change () Addition
Name: MAXSON, NANETTE
Address: 1906 GOLF VIEW DRIVE
City-St-Zip: FORT MYERS, FL 33901

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: TOBY PARCELL

PRES

04/24/2009

Electronic Signature of Signing Officer or Director

Date