

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # N06000003627

1. Entity Name
GOLF VIEW ASSOCIATION, INC.



Principal Place of Business
**% KABAR GROUP
900 W MARION AVE
PUNTA GORDA, FL 33950**

Mailing Address
**% KABAR GROUP
900 W MARION AVE
PUNTA GORDA, FL 33950**



03182008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-8600164

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LOMBARDI, VINCENZO
% KABAR GROUP, L.L.C.
900 W MARION AVE
PUNTA GORDA, FL 33950**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LOMBARDI, VINCENZO
STREET ADDRESS % KABAR GROUP - 900 W MARION AVE
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE SD
NAME ALBACETE, ALFONSO
STREET ADDRESS 1625 N COMMERCE PKWY - STE 315
CITY-ST-ZIP WESTON, FL 33326

TITLE TD
NAME MARTINEZ, CIRO
STREET ADDRESS 1625 N COMMERCE PKWY - STE 315
CITY-ST-ZIP WESTON, FL 33326

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/08

954-389-5161