

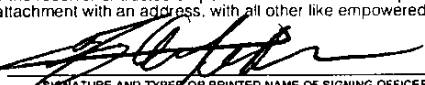


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2007 8:00 am
Secretary of State

06-13-2007 90003 042 ****61.25

DOCUMENT # N06057 1. Entity Name GOLF VIEW VILLAGE HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business % B. RAMSEY 8347 FAIRWAY RD. SUNRISE, FL 33351			Mailing Address % B. RAMSEY 8347 FAIRWAY RD. SUNRISE, FL 33351		
2. Principal Place of Business - No P.O. Box # 7071 W. Commercial Blvd. Suite 2B City & State Tamarac Zip 33319 Country USA		3. Mailing Address 7071 W. Commercial Blvd. Suite 2B City & State Tamarac, FL Zip 33319 Country USA		40120609  01312007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2785811 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C/O SUNRISE MANAGEMENT, SERVICES 7071 W COMMERCIAL BLVD. STE 2B TAMARAC, FL 33071				7. Name and Address of New Registered Agent Name SunRae Property Management Street Address (P.O. Box Number is Not Acceptable) 7071 W. Commercial Blvd. Suite 2B City Tamarac FL Zip Code 33319	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME STEEGE, SUSAN STREET ADDRESS 8333 FAIRWAY RD CITY-ST-ZIP SUNRISE, FL	<input checked="" type="checkbox"/> Delete		TITLE P NAME Medina, Frank STREET ADDRESS 8209 Fairway Road CITY-ST-ZIP Sunrise, FL 33351	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME RAWLS, DEMETRIA STREET ADDRESS 8328 FAIRWAY RD CITY-ST-ZIP SUNRISE, FL 33351	<input type="checkbox"/> Delete		TITLE SD NAME Rawls, Demetria STREET ADDRESS 8328 Fairway Road CITY-ST-ZIP Sunrise, FL 33351	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME SIERRA, LISA STREET ADDRESS 8335 FAIRAY RD CITY-ST-ZIP SUNRISE, FL 33351	<input checked="" type="checkbox"/> Delete		TITLE TD NAME Burgos, Eulises STREET ADDRESS 8253 Fairway Road CITY-ST-ZIP Sunrise, FL 33351	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME VELASCO, SERGIO STREET ADDRESS 8307 FAIRWAY RD CITY-ST-ZIP SUNRISE, FL 33351	<input type="checkbox"/> Delete		TITLE VP NAME Velasco, Sergio STREET ADDRESS 8307 Fairway Road CITY-ST-ZIP Sunrise, FL 33351	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME DANIELS, MELISSA STREET ADDRESS 8323 FAIRWAY RD CITY-ST-ZIP SUNRISE, FL 33351	<input checked="" type="checkbox"/> Delete		TITLE D NAME Dryden, Kishan STREET ADDRESS 8327 Fairway Road CITY-ST-ZIP Sunrise, FL 33351	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1. 24. 07 <small>Daytime Phone #</small>		