

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06057

FILED  
Feb 15, 2009  
Secretary of State

**Entity Name:** GOLF VIEW VILLAGE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

4851 NW 103 AVE 54  
FORT LAUDERDALE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

POB 551057  
FORT LAUDERDALE, FL 333551057

**New Mailing Address:**

**FEI Number:** 59-2785811

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PIN OAK MGMT., INC  
4851 NW 103 AVE  
SUNRISE, FL 33351 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: PD ( ) Delete  
Name: VELASCO, SERGIO  
Address: 8307 FAIRWAY RD  
City-St-Zip: SUNRISE, FL 33351

Title: VPD ( ) Delete  
Name: DANIELS, MELISSA  
Address: 8323 FAIRWAY RD  
City-St-Zip: SUNRISE, FL 33351

Title: SD ( ) Delete  
Name: SIERRA, LISA  
Address: 8335 FAIRWAY RD  
City-St-Zip: SUNRISE, FL 33351

Title: TD ( ) Delete  
Name: DRYDEN, KISHON  
Address: 8327 FAIRWAY RD  
City-St-Zip: SUNRISE, FL 33351

Title: D (X) Delete  
Name: WILLIAMS, CHARMAINE  
Address: 8263 FAIRWAY RD  
City-St-Zip: SUNRISE, FL 33351

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: PATRICIA A WILEY

PRES

02/15/2009

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

\_\_\_\_\_  
Date