3/21

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State
03-28-2002 90037 021 ****61.25

DOCUMENT # N11171

1. Entity Name

GOLF VIEW TERRACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2196 KNOX MCRAE DRIVE UNIT D TITUSVILLE FL 32780 US	2196 KNOX MCRAE DRIVE UNIT D TITUSVILLE FL 32780-5265 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~TALBERT, HARVEY~~ ~~3695 SAWGRASS DRIVE~~ ~~TITUSVILLE FL 32780~~	Name: JIM MACHIN Street Address (P.O. Box Number is Not Acceptable): 2196 KNOX McRAE DR. UNIT G City: TITUSVILLE FL 32780

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.

SIGNATURE J Machin

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~TALBERT, HARVEY~~ ~~3695 SAWGRASS DRIVE~~ ~~TITUSVILLE FL~~	☒ Delete	P JIM MACHIN D 2196 KNOX McRAE DR. UNIT G TITUSVILLE FL 32780	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TYNAN, FRANK D 2196 KNOX MCRAE DRIVE UNIT D TITUSVILLE FL 32780	☐ Delete	V THOMAS WEISSER D 2196 KNOX McRAE DR. UNIT A TITUSVILLE FL 32780	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ~~BONNICCI, FRANK~~ ~~2194 KNOX MCRAE DR~~ ~~TITUSVILLE FL 32780~~	☒ Delete	S BERT GARSIDE D 2196 KNOX McRAE DR. UNIT K TITUSVILLE FL 32780	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED~~ T.C. TYNAN JIM MACHIN J Machin 321 268 0557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 03/28/02 — Daytime Phone #

321 383 8643