2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State
03-14-2008 90027 014 ****61.25

DOCUMENT # N11171

1. Entity Name
GOLF VIEW TERRACE CONDOMINIUM ASSOCIATION, INC.

40045163

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

03082008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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
FRANK TYNAN, P.ADM, R.S.B.A. 2196 KNOX MCRAE DR UNIT D TITUSVILLE, FL 32780	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ Mar. 9/08
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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HALLEWELL, JAKE 2196 - I KNOX MCRAE DRIVE TITUSVILLE, FL 32780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD VELMA MacDONALD 2196-A KNOX McRAE DR. TITUSVILLE, FL 32780	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STVD BONNICI, KATHERINE 2196 - E KNOX MCRAE DRIVE TITUSVILLE, FL 32780	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2PD TYNAN, FRANK 2196 - D KNOX MCRAE DRIVE TITUSVILLE, FL 32780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STVD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MACHIN, JIM 2196 - G KNOX MCRAE DRIVE TITUSVILLE, FL 32780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GARSIDE, BERT 2196 - K KNOX MCRAE DRIVE TITUSVILLE, FL 32780	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS GARSIDE, HESTER 2196-K KNOX McRAE DR. TITUSVILLE, FL 32780	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS STEIGER, RICH 2196 - B KNOX MCRAE DRIVE TITUSVILLE, FL 32780	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2PD EARL JOHNSON 2196-B KNOX McRAE DR. TITUSVILLE FL 32780	☐ Change ☒ 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: _____ Mar. 9/08 321 383 8643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #