

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11171

FILED
Apr 01, 2009
Secretary of State

Entity Name: GOLF VIEW TERRACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2196 KNOX MCRAE DRIVE
UNIT I
TITUSVILLE, FL 32780 US

New Principal Place of Business:

2196 KNOX MCRAE DRIVE
UNIT D
TITUSVILLE, FL 32780 US

Current Mailing Address:

2196 KNOX MCRAE DRIVE
UNIT D
TITUSVILLE, FL 32780 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FRANK TYNAN, P.ADM, R.S.B.A.
2196 KNOX MCRAE DR
UNIT D
TITUSVILLE, FL 32780 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: HALLEWELL, JAKE
Address: 2196 - I KNOX MCRAE DRIVE
City-St-Zip: TITUSVILLE, FL 32780 US

Title: SD () Delete
Name: MACDONALD, VELMA
Address: 2196-A KNOX MCRAE DR
City-St-Zip: TITUSVILLE, FL 32780 US

Title: STVD () Delete
Name: TYNAN, FRANK
Address: 2196 - D KNOX MCRAE DRIVE
City-St-Zip: TITUSVILLE, FL 32780 US

Title: TD () Delete
Name: MACHIN, JIM
Address: 2196 - G KNOX MCRAE DRIVE
City-St-Zip: TITUSVILLE, FL 32780 US

Title: AS () Delete
Name: GARSIDE, HESTER
Address: 2196-K KNOX MCRAE DR
City-St-Zip: TITUSVILLE, FL 32780 US

Title: 2PD () Delete
Name: JOHNSON, EARL
Address: 2196-B KNOX MCRAE DR
City-St-Zip: TITUSVILLE, FL 32780 US

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:

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: FRANK TYNAN

VP D

04/01/2009

Electronic Signature of Signing Officer or Director

Date