

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2003 8:00 am**  
**Secretary of State**

03-11-2003 90147 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 G  
TITUSVILLE FL 32780  
US**

**2196 KNOX MCRAE DRIVE  
UNIT G  
TITUSVILLE FL 32780-5265  
US**

**UNIT G**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

**MACHIN, JIM  
2196 KNOX MCRAE DR  
UNIT G  
TITUSVILLE FL 32780**

Name

**JIM MACHIN**

Street Address (P.O. Box Number is Not Acceptable)

**2196 KNOX MCRAE UNIT G**

**TITUSVILLE**

City

**FL**

Zip Code

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MACHIN, JIM	
STREET ADDRESS	2196 KNOX MCRAE DR, UNIT G	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TYNAN, FRANK	
STREET ADDRESS	2196 KNOX MCRAE DRIVE UNIT D	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WEISSER, THOMAS	
STREET ADDRESS	2196 KNOX MCRAE UNIT A	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GARSDIE, BERT	
STREET ADDRESS	2196 KNOX MCRAE UNIT K	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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**

**JIM MACHIN**

*[Signature]*