

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90023 022 ****61.25

DOCUMENT # N11622 1. Entity Name GOLF VIEW VILLAS II CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 3521 NIBLICK CT NEW PORT RICHEY, FL 34655 US		Mailing Address P O BOX 1332 ELFERS, FL 34680 US	
2. Principal Place of Business - No P.O. Box # 40 Seaboard Arbors Mgmt Suite, Apt. #, etc. 2189 Cleveland St. #225 City & State Clearwater FL Zip 33765		3. Mailing Address 40 Seaboard Arbors Mgmt Suite, Apt. #, etc. 2189 Cleveland St. #225 City & State Clearwater FL Zip 33765	
4. FEI Number 59-2648149		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DALBERTH, LOUIS J 3521 NIBLICK COURT NEW PORT RICHEY, FL 34655		7. Name and Address of New Registered Agent Name Lennard A Leighton Street Address (P.O. Box Number is Not Acceptable) 2189 Cleveland St. Suite 225 City Clearwater FL Zip Code 33765	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: <small>Signature, typed or printed name of registered agent and title is applicable.</small> </div> <div style="width: 40%; text-align: right;"> 4/8/08 <small>DATE</small> </div> </div>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 DALBERTH, LOUIS J 3521 NIBLICK CT NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEVIN J. Grant 3450 Niblick Ct New Port Richey FL 34655	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KNUDSEN, ANDREW 3539 NIBLICK CT NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KAROLICH, ANTOINETTE 3520 NIBLICK CT NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Linda Atkinson 3514 Niblick Ct New Port Richey FL 34655	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Linda Atkinson 3514 Niblick Ct New Port Richey FL 34655	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Linda Atkinson 3514 Niblick Ct New Port Richey FL 34655	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: KEVIN J. GRANT, Pres. 4/4/08 727-312-6521 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #</small>			