


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90284 018 ****61.25

DOCUMENT # N14452
 1. Entity Name
 VILLAS OF GOLFVIEW, INC.



Principal Place of Business
 6501 NW 36TH ST
 STE #385
 MIAMI, FL 33166

Mailing Address
 6501 NW 36TH ST
 STE #385
 MIAMI, FL 33166


2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



03312004 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-2827046

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLAZER & ASSOCIATES, P.A.
 1920 E. HALANDALE BEACH BLVD., #806
 HALLANDALE, FL 33009

7. Name and Address of New Registered Agent

Name
 Maritza Betancourt, P.A.

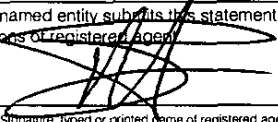
Street Address (P.O. Box Number is Not Acceptable)

19 West Flager Street #301

City
 Miami

FL Zip Code
 33130

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  DATE 4/10/04

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

Filing Fee is \$61.25
Due by May 1, 2004

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

TITLE PB	<input checked="" type="checkbox"/> Delete
NAME GONZALO, SAN	
STREET ADDRESS 9660 FOUNTAINBLEAU BLVD #14	
CITY-ST-ZIP MIAMI, FL 33172	
TITLE DV	<input checked="" type="checkbox"/> Delete
NAME LAMADRID, DIEGO	
STREET ADDRESS 9674 FOUNTAINBLEAU BLVD #26	
CITY-ST-ZIP MIAMI, FL 33172	
TITLE VDT	<input checked="" type="checkbox"/> Delete
NAME SMITH, AMALIA V	
STREET ADDRESS 9650 FOUNTAINBLEAU BLVD #4	
CITY-ST-ZIP MIAMI, FL 33172	
TITLE TD	<input type="checkbox"/> Delete
NAME VASQUEZ, MARIA	
STREET ADDRESS 9674 FOUNTAIN BLEAU BLVD., #30	
CITY-ST-ZIP MIAMI, FL 33172	
TITLE SD	<input type="checkbox"/> Delete
NAME RODRIQUEZ, VILMA	
STREET ADDRESS 9670 FOUNTAINBLEAU BLVD #15	
CITY-ST-ZIP MIAMI, FL 33172	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME San, Gonzalo	
STREET ADDRESS 9660 Fontainebleau Blvd. #14	
CITY-ST-ZIP Miami, FL. 33172	
TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Lamadrid, Diego	
STREET ADDRESS 9674 Fontainebleau Blvd. #25	
CITY-ST-ZIP Miami, FL. 33172	
TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Berenguer, Maria	
STREET ADDRESS 9650 Fontainebleau Blvd. #4	
CITY-ST-ZIP Miami, FL. 33172	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  DATE 3-31-4 DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR