
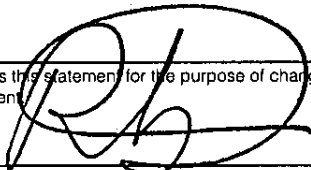
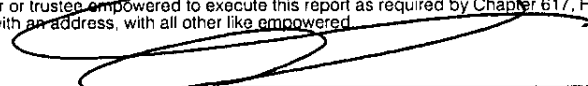


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90058 046 ****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 <i>10 Timberlake Management</i>	
2. Principal Place of Business 9650-9674 FOUNTAINBLEAU BLVD		3. Mailing Address 7953 NW 53 ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33172		Zip 33166-4603	
Country US		Country US	
4. FEI Number 59-2827046		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 BETANCOURT, MARITZA-PA- 19 WEST FLAGLER STREET #301 MIAMI, FL 33130		7. Name and Address of New Registered Agent Name: Robert A. Dugger, Sr. Street Address (P.O. Box Number is Not Acceptable): 7953 NW 53 Street City: Miami FL Zip Code: 33166-4603	
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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____			
Filing Fee is \$61.25 Due by May 1, 2005		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: D	NAME: GONZALO, SAN	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS: 9660 FOUNTAINVLEAU BLVD #14	CITY-ST-ZIP: MIAMI, FL 33172		
TITLE: VPD	NAME: LAMADRID, DIEGO	<input type="checkbox"/> Delete	
STREET ADDRESS: 9674 FOUNTAINBLEAU BLVD #25	CITY-ST-ZIP: MIAMI, FL 33175		
TITLE: PD	NAME: BERENGUER, MARIA	<input type="checkbox"/> Delete	
STREET ADDRESS: 9650 FONTAINBLEAU BLVD #4	CITY-ST-ZIP: MIAMI, FL 33172		
TITLE: TD	NAME: VASQUEZ, MARIA	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS: 9674 FOUNTAIN BLEAU BLVD., #30	CITY-ST-ZIP: MIAMI, FL 33172		
TITLE: SD	NAME: RODRIQUEZ, VILMA	<input type="checkbox"/> Delete	
STREET ADDRESS: 9670 FOUNTAINBLEAU BLVD #15	CITY-ST-ZIP: MIAMI, FL 33172		
TITLE:	NAME:	<input type="checkbox"/> Delete	
STREET ADDRESS:	CITY-ST-ZIP:		
TITLE:	NAME:	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:		
TITLE:	NAME: Moro, Carlos	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS: 9670 FOUNTAINBLEAU BLVD, #19	CITY-ST-ZIP: MIAMI, FL 33172		
TITLE:	NAME:	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS: SD Gallo, Luis	CITY-ST-ZIP: 9670 FOUNTAINBLEAU BLVD., #20		
TITLE:	NAME:	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS: TD	CITY-ST-ZIP: MIAMI, FL 33172		
TITLE:	NAME:	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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: 2/7/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

40018305



01132005 Chg-NP CR2E037 (10/03)