
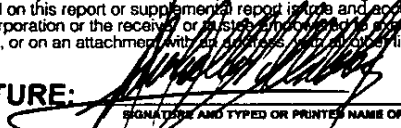


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90032 018 ****61.25

DOCUMENT # N14452					
1. Entity Name VILLAS OF GOLFVIEW, INC.					
Principal Place of Business 9650 9674 FOUNTAINEBLEU BLVD MIAMI, FL 33172			Mailing Address C/O MICHAEL REHR, ESQ 9550 S DADELAND BLVD MIAMI, FL 33156		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent REHR, MICHAEL ESQ 9500 S DADELAND BLVD #550 MIAMI, FL 33156				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
FL				Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORO, CARLOS		NAME	Del Pino, Luis	
STREET ADDRESS	9670 FOUNTAINEBLEU BLVD # 19		STREET ADDRESS	9650 Fontainebleau blvd # 7	
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP	Miami, Fl. 33172	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALACIO, BELKIS D		NAME	Castillo, Magda X.	
STREET ADDRESS	9860 FONTAINBLEAU BLVD #14		STREET ADDRESS	10459 SW 20th Ave	
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP	Miami, Fl. 33165	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL PINO, LUIS		NAME		
STREET ADDRESS	9650 FONTAINBLEAU BLVD #7		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLO, LUIS		NAME		
STREET ADDRESS	9670 FOUNTAINEBLEAU BLVD #20		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUSTIZ, ALEJANDRO		NAME		
STREET ADDRESS	9660 FOUNTAINEBLEAU BLVD #13		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 of the corporation; that I submit 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 the same authority as if I were like empowered.					
SIGNATURE: 			Date: 1-27-06		Daytime Phone #: (305) 979-2585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

40012300



01272006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2827046 Applied For Not Applicable

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

