2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N19185

Entity Name: TWO GOLF VIEW VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O NEW-HEART COMMUNITY MGT.
2706 ALT 19 N - SUITE 215
PALM HARBOR, FL 34684 US

New Principal Place of Business:

Current Mailing Address:

C/O NEW-HEART COMMUNITY MGT.
2706 ALT 19 N - SUITE 215
PALM HARBOR, FL 34684 US

New Mailing Address:

FEI Number: 59-2772816 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELLEWOOD, WINFRED
C/O NEW-HEART COMMUNITY MGT.
2706 ALT 19 N - SUITE 215
PALM HARBOR, FL 34684 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ATKERSON, COLLEEN
Address: 1141 WOODLEAF CT.
City-St-Zip: PALM HARBOR, FL 34684

Title: DVP ( ) Delete
Name: RABENSTINE, DEAN
Address: 1149 WOODLEAF CT.
City-St-Zip: PALM HARBOR, FL 34684

Title: TD ( ) Delete
Name: WESCOTT, RICHARD
Address: 11435 WOODLEAF COURT
City-St-Zip: PALM HARBOR, FL 34684

Title: D ( ) Delete
Name: IWANOWSKI, JIM
Address: 1133 WOODLEAF COURT
City-St-Zip: PALM HARBOR, FL

Title: SD ( ) Delete
Name: JOHNSON, DICK
Address: 1155 WOODLEAF CT
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: WESCOTT, RICHARD
Address: 1145 WOODLEAF COURT
City-St-Zip: PALM HARBOR, FL 34684

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: IWANOWSKI, CATHY
Address: 1133 WOODLEAF CT
City-St-Zip: PALM HARBOR, FL 34684

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLLEEN ATKERSON PD 04/29/2008

Electronic Signature of Signing Officer or Director — Date