

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90034 034 ****61.25

DOCUMENT # N19872

1. Entity Name

GOLF VIEW III CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**2189 CLEVELAND ST STE 225
CLEARWATER FL 33765
US**

Mailing Address

**2189 CLEVELAND ST STE 225
CLEARWATER FL 33765
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

25-1548760

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEIGHTON, LENNARD A.
2189 CLEVELAND ST
SUITE 225
CLEARWATER FL 33765**

Name

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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	STD	<input type="checkbox"/> Delete
NAME	O'DONNELL, NANCY	
STREET ADDRESS	3419 LORI LANE	
CITY-STATE-ZIP	NEW PORT RICHEY FL 34655	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CUNNINGHAM, PHILIP	
STREET ADDRESS	3439 LORI LANE	
CITY-STATE-ZIP	NEW PORT RICHEY FL 34655	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KLETT, FRED	
STREET ADDRESS	3339 LORI LANE	
CITY-STATE-ZIP	NEW PORT RICHEY FL 34655	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Williams	
STREET ADDRESS	3430 Lori Lane	
CITY-STATE-ZIP	New Port Richey FL 34655	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Kudaska	
STREET ADDRESS	3444 Lori Lane	
CITY-STATE-ZIP	New Port Richey FL 34655	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Frey	
STREET ADDRESS	3351 Lori Lane	
CITY-STATE-ZIP	New Port Richey FL 34655	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Brough	
STREET ADDRESS	3320 Lori Lane	
CITY-STATE-ZIP	New Port Richey FL 34655	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

James D. Williams

JAMES D. WILLIAMS (727) 372-8279

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #