

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22048

FILED
Mar 26, 2005
Secretary of State

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

Current Principal Place of Business:

C/O CALIBER CONDO MET INC
32708 US 19 NORTH
PALM HARBOR, FL 34684 US

New Principal Place of Business:

Current Mailing Address:

C/O CALIBER CONDO MET INC
32708 US 19 NORTH
PALM HARBOR, FL 34684 US

New Mailing Address:

FEI Number: 59-2898852

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, MARJORIE J.
C/O CALIBER CONDO MGT INC
32708 US 19 N
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: VD () Delete
Name: RUNLACH, ROBERT
Address: 1185 WOODFIELD CT
City-St-Zip: PALM HARBOR, FL 34684

Title: SD () Delete
Name: ZITO, DOLLY
Address: 1164 RUSTLEWOOD CT
City-St-Zip: PALM HARBOR, FL 34684

Title: PD () Delete
Name: VARI, MARIO
Address: 1199 WOODFIELD CT
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Delete
Name: VINCIGUERRA, JOE
Address: 1162 RUSTLEWOOD CT
City-St-Zip: PALM HARBOR, FL 34684

Title: TD () Delete
Name: BAIRD, JUNE
Address: 1180 WOODFIELD CT
City-St-Zip: PALM HARBOR, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PD (X) Change () Addition
Name: VARI, ELEANOR
Address: 1199 WOODFIELD CT
City-St-Zip: PALM HARBOR, FL 34684

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARJORIE J. BROWN

RA

03/26/2005

Electronic Signature of Signing Officer or Director

Date