

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22048

FILED
Apr 10, 2009
Secretary of State

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

Current Principal Place of Business:

C/O CALIBER CONDO MET INC
32712 US 19 NORTH
PALM HARBOR, FL 34684 US

New Principal Place of Business:

Current Mailing Address:

C/O CALIBER CONDO MET INC
32712 U S 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
32712 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: HARDER, GUS
Address: 1197 WOODFIELD CT
City-St-Zip: PALM HARBOR, FL 34684

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

Title: TD () Delete
Name: WILEY, PHYLLIS
Address: 1171 TARTAN DR
City-St-Zip: PALM HARBOR, FL 34684

Title: SD () Delete
Name: MATHIS, JEAN
Address: 1193 WOODFIELD CT
City-St-Zip: PALM HARBOR, FL 34684

Title: TD () Delete
Name: SMITH, CEDRIC
Address: 1196 WOODFIELD CT
City-St-Zip: PALM HARBOR, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HARDER, GUS
Address: 1197 WOODFIELD CT
City-St-Zip: PALM HARBOR, FL 34684

Title: VD (X) Change () Addition
Name: ZITO, DOLLY
Address: 1164 RUSTLEWOOD CT
City-St-Zip: PALM HARBOR, FL 34684

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

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

Title: PD (X) Change () Addition
Name: OSTFELD, LEN
Address: 1192 WOODFIELD 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: MARJORIE J. BROWN

AGT

04/10/2009

Electronic Signature of Signing Officer or Director

Date