

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

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

03-29-2007 90034 032 ****61.25

DOCUMENT # N28776

1. Entity Name

GOLF VIEW VILLAS V CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

C/O SEABOARD ARBORS
2189 CLEVELAND ST STE 225
CLEARWATER FL 33765

Mailing Address

C/O SEABOARD ARBORS
2189 CLEVELAND ST STE 225
CLEARWATER FL 33765

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

58-1811408

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
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 resigning)

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	D	<input type="checkbox"/> Delete
NAME	JACKABON, BRUCE	
STREET ADDRESS	3247 LORI LANE	
CITY ST ZIP	NEW PORT RICHEY FL 34655	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROBY, PAUL	
STREET ADDRESS	3274 LORI LN	
CITY ST ZIP	NEW PORT RICHEY FL 34655	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ALBENZE, PHILLIP	
STREET ADDRESS	3270 LORI LANE	
CITY ST ZIP	NEW PORT RICHEY FL 34655	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SCHWAN, RICHARD	
STREET ADDRESS	3201 LORI LANE	
CITY ST ZIP	NEW PORT RICHEY FL 34655	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RETTMAN, DON	
STREET ADDRESS	3255 LORI LANE	
CITY ST ZIP	NEW PORT RICHEY FL 34655	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE	TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roger Guffon	
STREET ADDRESS	3251 Lori Lane	
CITY ST ZIP	New Port Richey FL 34655	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/07 7275489030