


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90023 048 ****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		4. FEI Number 58-1811408	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEIGHTON, LENNARD A 2189 CLEVELAND ST 225 CLEARWATER, FL 33765			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME JACKABON, BRUCE STREET ADDRESS 3247 LORI LANE CITY-ST-ZIP NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TSD NAME ROBY, PAUL STREET ADDRESS 3274 LORI LN CITY-ST-ZIP NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete		TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DV NAME ALBENZE, PHILLIP STREET ADDRESS 3270 LORI LANE CITY-ST-ZIP NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete		TITLE D NAME Larry Dinos 3205 LORI Lane New Port Richey FL 34655 STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME SCHWAN, RICHARD STREET ADDRESS 3201 LORI LANE CITY-ST-ZIP NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete		TITLE STD NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME GOFTON, ROGER STREET ADDRESS 3251 LORI LANE CITY-ST-ZIP NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Bruce Jackabon PRES.</u> 03/27/08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					