

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

02-11-2008 90050 023 ****61.25

DOCUMENT # N35355					
1. Entity Name GOLFERS VIEW IV CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2200 KINGSWAY 3-L #43 PORT CHARLOTTE, FL 33980 US			Mailing Address 2200 KINGSWAY 3-L #43 PORT CHARLOTTE, FL 33980 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	4. FEI Number 65-0183555	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DK MANAGEMENT C/O DANA KUSTER 2200 KINGSWAY 3-L #43 PORT CHARLOTTE, FL 33980				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 <u>Red K. / registered agent / 2-7-8</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	V	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	GRAHAM, JACK		NAME	← DELETE	
STREET ADDRESS	26316 NADIR RD. A-5		STREET ADDRESS		
CITY- ST- ZIP	PUNTA GORDA, FL 33983		CITY- ST- ZIP		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DURST, JOHN		NAME	← SAME	
STREET ADDRESS	26316 NADIR RD B-2		STREET ADDRESS		
CITY- ST- ZIP	PUNTA GORDA, FL 33983		CITY- ST- ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SOPER, LLOYD		NAME	← SAME	
STREET ADDRESS	6043 GLENEAGLE DR.		STREET ADDRESS		
CITY- ST- ZIP	HUDSONVILLE, MI 49426		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME			NAME	GURICAN, WILLIAM	
STREET ADDRESS			STREET ADDRESS	11105 LAKVIEW DRIVE	
CITY- ST- ZIP			CITY- ST- ZIP	NEERIMAC, WI. 53561	
TITLE		☐ Delete	TITLE	V.P.	☐ Change ☒ Addition
NAME			NAME	RIPOSTA, KATHY	
STREET ADDRESS			STREET ADDRESS	26316 A-6 NADIR RD.	
CITY- ST- ZIP			CITY- ST- ZIP	Punta Gorda, FL. 33983	
TITLE		☐ Delete	TITLE	Secretary	☐ Change ☐ Addition
NAME			NAME	Carl Anderson	
STREET ADDRESS			STREET ADDRESS	37091 JORDAN	
CITY- ST- ZIP			CITY- ST- ZIP	Clinton Township, MI 48036	
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>[Signature]</u>			JAN J. DURST PRES. 2/7/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		