2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# N35355

Entity Name: GOLFERS VIEW IV CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2200 KINGSWAY 3-L #43
PORT CHARLOTTE, FL 33980 US

New Principal Place of Business:

Current Mailing Address:

2200 KINGSWAY 3-L #43
PORT CHARLOTTE, FL 33980 US

New Mailing Address:

FEI Number: 65-0183555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DK MANAGEMENT
C/O DANA KUSTER
2200 KINGSWAY 3-L #43
PORT CHARLOTTE, FL 33980 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: P ( ) Delete
Name: DURST, JOHN
Address: 26316 NADIR RD B-2
City-St-Zip: PUNTA GORDA, FL 33983

Title: D ( ) Delete
Name: SOPER, LLOYD
Address: 6043 GLENEAGLE DR.
City-St-Zip: HUDSONVILLE, MI 49426

Title: D ( ) Delete
Name: GURICAN, WILLIAM
Address: 11105 LAKEVIEW DRIVE
City-St-Zip: MERRIMAC, WI 53561

Title: VP ( ) Delete
Name: RIPOSTA, KATHY
Address: 26316 A-6 NADIE RD
City-St-Zip: PUNTA GORDA, FL 31983

Title: S ( ) Delete
Name: ANDERSON, CARL
Address: 37091 JORDAN
City-St-Zip: CLINTON TOWNSHIP, MI 48036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: VENTURA, CHRISTINA
Address: 26316 NADIR RD. B-1
City-St-Zip: PUNTA GORDA, FL 33983

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

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

Title: D (X) Change ( ) Addition
Name: ANDERSON, CARL
Address: 37091 JORDAN
City-St-Zip: CLINTON TOWNSHIP, MI 48036

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: JOHN J. DURST P 03/02/2009

Electronic Signature of Signing Officer or Director — Date