


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State


04-06-2005 90111 033 ****61.25

DOCUMENT # N45456 1. Entity Name GOLF VIEW VILLAS VII CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 5313 LOCUST PLACE NEW PORT RICHEY FL 34652 US	Mailing Address 5313 LOCUST PLACE NEW PORT RICHEY FL 34652 US
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2. Principal Place of Business 40 SEABOARD ARBORS Suite, Apt. #, etc. 2189 CLEVELAND ST., SUITE 225	3. Mailing Address 40 SEABOARD ARBORS Suite, Apt. #, etc. 2189 CLEVELAND ST., SUITE 225
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City & State CLEARWATER, FL	City & State CLEARWATER, FL		
Zip 33765	Country U.S.	Zip 33765	Country U.S.


 1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent LEIGHTON, LENNARD A % SEABOARD ARBORS MANAGEMNET SERV. 2189 CLEVELAND ST SUITE 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 _____
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW - FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: WILLIAMS, LEONARD STREET ADDRESS: 3613 DOWNFIELD PLACE CITY-ST-ZIP: NEW PORT RICHEY FL 34655 <input checked="" type="checkbox"/> Delete	TITLE: STD NAME: PAREN, VIRGINIA STREET ADDRESS: 9205 TURNBERRY CT CITY-ST-ZIP: NEW PORT RICHEY FL 34655 <input checked="" type="checkbox"/> Delete
TITLE: VD NAME: RUOKOLAIEN, OZZIE STREET ADDRESS: 3633 DOWNFIELD PLACE CITY-ST-ZIP: NEW PORT RICHEY FL 34655 <input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: YD NAME: RALPH BURCH STREET ADDRESS: 9146 TURNBERRY CT. CITY-ST-ZIP: NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE: STD NAME: MARY CRAIB STREET ADDRESS: 3643 DOWNFIELD PL. CITY-ST-ZIP: NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: OZZIE RUOKOLAINEN STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	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"/> Change <input type="checkbox"/> Addition	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 exemption stated in Section 119.07(3)(i), 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: *Oswald Ruokolainen* 3-15-05 727 849 8899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #