

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

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

03-29-2007 90034 033 \*\*\*\*61.25

**DOCUMENT # N50777**

1. Entity Name

**GOLF VIEW VILLAS VIII CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business

**2189 CLEVELAND ST.  
SUITE 225  
CLEARWATER FL 33765  
US**

Mailing Address

**2189 CLEVELAND ST.  
SUITE 225  
CLEARWATER FL 33765  
US**



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

**59-3169442**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEIGHTON, LENNARD A.  
SEABOARD ARBORS MGMT  
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 re-registering)

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: **STD** ☐ Delete  
NAME: **HAGGERTY, JOHN**  
STREET ADDRESS: **3624 MUIRFIELD CT.**  
CITY, ST, ZIP: **NEW PORT RICHEY FL 34655**

TITLE: **PD** ☐ Delete  
NAME: **FORAND, ROLAND**  
STREET ADDRESS: **3620 MUIRFIELD CT.**  
CITY, ST, ZIP: **NEW PORT RICHEY FL 34655**

TITLE: **VPD** ☒ Delete  
NAME: **SCHMIDT, NANCY**  
STREET ADDRESS: **3702 MUIRFIELD CT.**  
CITY, ST, ZIP: **NEW PORT RICHEY FL 34655**

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY, ST, ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY, ST, ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY, ST, ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY, ST, ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY, ST, ZIP: ☐ Change ☐ Addition

TITLE: **VD** ☐ Change ☒ Addition  
NAME: **Lauria Neiman**  
STREET ADDRESS: **3626 Muirfield Ct**  
CITY, ST, ZIP: **New Port Richey FL 34655**

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY, ST, ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY, ST, ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY, ST, ZIP: ☐ Change ☐ Addition

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:** *Roland Forand* **Roland Forand, Pres.** **2/28/07** **727 848 9030**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #