2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED Apr 25, 2006 Secretary of State

Entity Name: GOLF VIEW MANOR CONDOMINIUM ASSOCIATION OF LEHIGH ACRES, INC.

Current Principal Place of Business: New Principal Place of Business: 2231 E. 5TH ST LEHIGH ACRES, FL 33936 **Current Mailing Address: New Mailing Address:** P.O. BOX 1953 LEHIGH ACRES, FL 33970 FEI Number: 65-0098011 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SAUL, ROBERT W 2231 É 5TH ST #104 P.O. BOX 1953 LEHIGH ACRES, FL 33970 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition LAYTON, MERVIN SAUL, LINDA Name: Name: 2231 E. 5TH STREET, # 105 Address: 2231 E. 5TH STREET, # 104 Address: City-St-Zip: LEHIGH ACRES, FL 33972 City-St-Zip: LEHIGH ACRES, FL 33972 Title: VD () Delete Title: () Change () Addition FLEMING, WILLIAM Name: Name: Address: 2231 E. 5TH STREET. # 107 Address: City-St-Zip: LEHIGH ACRES, FL 33972 City-St-Zip: Title: () Delete Title: (X) Change () Addition PIECZYASKI, THOMAS CERSOSSIMO, MAXINE Name: Name: 2231 E 5TH STREET, #207 Address: Address: 2231 E 5TH STREET, #106 City-St-Zip: LEHIGH ACRES, FL 33970 City-St-Zip: LEHIGH ACRES, FL 33970 Title: PD () Delete Title: () Change () Addition Name: SAUL, ROBERT Name: 2231 E 5TH STREET #104 Address: Address: City-St-Zip: LEHIGH ACRES, FL 33972 City-St-Zip: Title: () Delete Title: (X) Change () Addition MAENKE, JOHN Name: Name: MAENKE, JOHN 2241 E 5TH ST 202 2241 E 5TH ST UNIT#202 Address: Address: City-St-Zip: LEHIGH ACRES, FL 33972 City-St-Zip: LEHIGH ACRES, FL 33972

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT W SAUL P 04/25/2006