


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2007 08:00 AM
Secretary of State

DOCUMENT # N93000001515

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



Principal Place of Business
**2231 E. 5TH ST
 LEHIGH ACRES, FL 33936**

Mailing Address
**P.O. BOX 1953
 LEHIGH ACRES, FL 33970**

DO NOT WRITE IN THIS SPACE



07052007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0098011

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SAUL, ROBERT W
 2231 E 5TH ST #104
 P.O. BOX 1953
 LEHIGH ACRES, FL 33970**

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$61.25
 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	SAUL, LINDA
STREET ADDRESS	2231 E. 5TH STREET, # 104
CITY-ST-ZIP	LEHIGH ACRES, FL 33972
TITLE	VD
NAME	FLEMING, WILLIAM
STREET ADDRESS	2231 E. 5TH STREET, # 107
CITY-ST-ZIP	LEHIGH ACRES, FL 33972
TITLE	D
NAME	CERROSSIMO, MAXINE
STREET ADDRESS	2231 E 5TH STREET, #106
CITY-ST-ZIP	LEHIGH ACRES, FL 33970
TITLE	PD
NAME	SAUL, ROBERT
STREET ADDRESS	2231 E 5TH STREET #104
CITY-ST-ZIP	LEHIGH ACRES, FL 33972
TITLE	D
NAME	MAENKE, JOHN
STREET ADDRESS	2241 E 5TH ST UNIT#202
CITY-ST-ZIP	LEHIGH ACRES, FL 33972
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000771520
 08/07/07-80005-020 61.25

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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: Robert Saul Pres _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Robert Saul Pres** DATE: _____ DAYTIME PHONE #: _____