

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001515

FILED
Apr 15, 2009
Secretary of State

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

Current Principal Place of Business:

2231 E. 5TH ST
LEHIGH ACRES, FL 33936

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1953
LEHIGH ACRES, FL 33970

New Mailing Address:

FEI Number: 65-0098011 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAUL, ROBERT W
2231 E 5TH ST #104
LEHIGH ACRES, FL 33970 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: T () Delete
Name: SAUL, LINDA
Address: 2231 E. 5TH STREET, # 104
City-St-Zip: LEHIGH ACRES, FL 33972

Title: D () Delete
Name: FLEMING, WILLIAM
Address: 2231 E. 5TH STREET, # 107
City-St-Zip: LEHIGH ACRES, FL 33972

Title: VD () Delete
Name: CERSOSSIMO, MAXINE
Address: 2231 E 5TH STREET, #106
City-St-Zip: LEHIGH ACRES, FL 33970

Title: PD () Delete
Name: SAUL, ROBERT
Address: 2231 E 5TH STREET #104
City-St-Zip: LEHIGH ACRES, FL 33972

Title: D () Delete
Name: FUSCO, BARBARA
Address: 2231 E 5TH ST UNIT#108
City-St-Zip: LEHIGH ACRES, FL 33972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: ROBERT W SAUL

PD

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date