

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004422

FILED
Apr 29, 2007
Secretary of State

Entity Name: GOLFVIEW OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

6617 NW 114TH LN
ALACHUA, FL 32615 US

New Principal Place of Business:

Current Mailing Address:

192 TURKEY CREEK
ALACHUA, FL 32615 US

New Mailing Address:

FEI Number: 59-3360024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONROE, PAT
6617 NW 114TH LN
192 M. TURKEY CREEK
ALACHUA, FL 32615 US

Name and Address of New Registered Agent:

MONROE, PAT
6617 NW 114TH LN
192 TURKEY CREEK
ALACHUA, FL 32615 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: CINDY ROLFE

04/29/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MONROE, PAT
Address: 6617 NW 114TH LN
City-St-Zip: ALACHUA, FL 32615

Title: D () Delete
Name: MATTAIR, JIM
Address: 6613 NW 114TH LANE
City-St-Zip: ALACHUA, FL 32615

Title: D () Delete
Name: ROLFE, CINDY
Address: 6615 114TH LN
City-St-Zip: ALACHUA, FL 32615

Title: D () Delete
Name: CALDWELL, JAMES S
Address: 6611 NW 114TH LANE
City-St-Zip: ALACHUA, FL 32615

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:

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: CINDY ROLFE

D

04/29/2007

Electronic Signature of Signing Officer or Director

Date