2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005
Secretary of State

DOCUMENT# N96000002317

Entity Name: GOLF VIEW CIVIC AND GARDEN ASSOCIATION, INC.

Current Principal Place of Business:

442 W. KENNEDY BLVD
SUITE 340
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

442 W. KENNEDY BLVD
SUITE 340
TAMPA, FL 33606

New Mailing Address:

FEI Number: 59-3429086 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIEF, FRANK J III
442 W. KENNEDY BLVD. SUITE 340
TAMPA, FL 33606 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: PD ( ) Delete
Name: MILLER, DEBBIE
Address: 922 GOLFVIEW
City-St-Zip: TAMPA, FL 33629

Title: VD ( ) Delete
Name: STEADMAN, MELISSA
Address: 3401 MULLEN AVE.
City-St-Zip: TAMPA, FL 33629

Title: S ( ) Delete
Name: BRYANT, NANCY
Address: 1903 BENDELOW TRL.
City-St-Zip: TAMPA, FL 33629

Title: T ( ) Delete
Name: WEIHE, ANNE
Address: 3412 ALMERIA AVE.
City-St-Zip: TAMPA, FL 33629

Title: V ( ) Delete
Name: MELLOW, DOMINIQUE
Address: 3300 W LYKES AVE.X
City-St-Zip: TAMPA, FL 33609

Title: VD ( ) Delete
Name: RASMUSSEN, MARLENE
Address: 2212 EXMOOR RD.
City-St-Zip: TAMPA, FL 33629

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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MELISSA STEADMAN VD 01/11/2005
Electronic Signature of Signing Officer or Director — Date