2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2008 8:00 am Secretary of State

DOCUMENT # N9900005151 1. Entity Name GOLFVIEW AT HUNTER'S CREEK CONDOMINIUM ASSOCIATION, INC.					Gu		90119 029 ****6	
Principal Place of Business 14101 TOWN LOOP BLVD ORLANDO, FL 32837 Mailing Address % CAGAN MANAGEAMENT 16554 CROSSING BLVD., CLERMONT, FL 347-11			d.; suit e 4		Don	Asher 1 Cook ando,	+ Assoc - Ave . FL 3280	:iates 6
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01112008	Chg-NP	CR2E037 (12/06)	
City & State		City & State			4. FEI Numbe 59-3594) 	oplied For ot Applicable
Zip	Country	Zip	Countr	ry	5. Certificate	of Status Desired	S8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	legistered Agent	
EAV! 00	DORERT			Name Dava Achan a Accasin les				
TAYLOR, ROBERT 850 CONCOURSE PKWY SOUTH STE 105 MAITLAND, FL 32751				Street Address (P.O. Box Nymber is Not Acceptable)				
			(City Ox	land	<u>υ</u>	FL Zip Cod	806
	e named entity submits this statement for tions of registered agent.	r the purpose of changing its	registered	office or register	red agent, or bot	h, in the State of Flo	orida. I am familiar with,	-
SIGNATURE .	<u> </u>							
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Ag	gent signature required	d when reinstating)		DATE	
	Signature, lyped or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	and title if applicable. (NOT 9. Election Ca Trust Fund (mpaign Fina	ancing	\$5.00 May B Added to Fees	· 1	DATE lake check payable to tida Department of St	1
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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:

Kenneth Berkoul CV BOD PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR