

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000043291

1. Entity Name
TCG GOLF VIEW GARDENS, INC.



Principal Place of Business
**2950 SW 27TH AVENUE
SUITE 200
COCONUT GROVE, FL 33133**

Mailing Address
**2950 SW 27TH AVENUE
SUITE 200
COCONUT GROVE, FL 33133**

\$ 158.75



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1100285

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MCDONOUGH, BRIAN J
2200 MUSEUM TOWER
150 W. FLAGLER ST.
MIAMI, FL 33130**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GONZALEZ, LUIS
2950 SW 27TH AVENUE SUITE 200
COCONUT GROVE, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BOGGIO, LLOYD J
2950 SW 27 AVENUE SUITE 200
COCONUT GROVE, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GREER, BRUCE
2950 SW 27TH AVENUE SUITE 200
COCONUT GROVE, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000554380
05/16/06-80014-015 158.75

**DO NOT WRITE
IN THIS SPACE**

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 607, 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 life empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____