



# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P05000155202</b> 1. Entity Name <b>GOLF VIEW REALTY, INC</b>						<b>FILED</b> 06 NOV 28 AM 3:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business <b>8565 W. LINEBAUGH AVE TAMPA, FL 33625</b>				Mailing Address <b>8565 W. LINEBAUGH AVE TAMPA, FL 33625</b>			
2. Principal Place of Business		3. Mailing Address		11202006 Chg-P CR2E034 (11/05)		4. FEI Number <b>20-3831245</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent  <b>JOHNSON &amp; HOLWELL, PLLC % SEAN JOHNSON 24724 STATE ROAD 54 #107 LUTZ, FL 33559</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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: <u>Sean Johnson</u> <i>11/21/06</i> <b>SEAN JOHNSON</b> <b>813-920-5333</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>							
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P <b>PAPPA, HOLLY L</b> <b>10319 GREEN HODGES DR, TAMPA, FL 33626</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500082102175</b> <b>11/28/06--01043--001 **61.25</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>ANDERSON, MARY H</b> <b>8565 W. LINEBAUGH AVE TAMPA, FL 33635</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T <b>PAPPA, GERALD</b> <b>10319 GREEN HODGES DR TAMPA, FL 33626</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	.... <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>JAMES L. ANDERSON</b> <b>6212 IMPERIAL KEY</b> <b>TAMPA, FL, 33615</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 like empowered.							
SIGNATURE: <u>Mary E. Anderson</u> <i>11/21/06</i> <b>MARY E. ANDERSON</b> <b>813-920-5333</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							