

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 14 AM 9:40

DOCUMENT # 730464 (5)

1. Corporation Name
THE GOLFVIEW CLUB AT FONTAINEBLEAU PARK CONDOMINUM NO. 1, INC.

Principal Place of Business Mailing Address
P.O. BOX 52-1812 P.O. BOX 52-1812
MIAMI FL 33152-1812 MIAMI FL 33152-1812

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 08/01/1974	3a. Date of Last Report 04/22/1994
4. FEI Number 59-1629223	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent SANZ, ANTONIO 9682 FONTAINEBLEAU BLVD., #104 MIAMI FL 33172	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	GONZALEZ, WILLIAM	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	9682 FONTAINEBLEAU BLVD	1.2 NAME	
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE SD	IBARRA, ANGELA J.	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	9682 FONTAINEBLEAU BLVD	2.2 NAME	
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE TD	FERRER, PILAR	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	9682 FONTAINEBLEAU BLVD.	3.2 NAME	
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE VPD	SILVERO, JOES LOPEZ	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	9682 FONTAINEBLEAU BLVD	4.2 NAME	
STREET ADDRESS	MIAMI FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE D	ANTON, BERTA	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	9682 FONTAINEBLEAU BLVD	5.2 NAME	
STREET ADDRESS	MIAMI FL	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with regard thereto.

SIGNATURE: *Angela J. Ibarra* **ANGELA IBARRA** SECRETARY **4-10-95** **552-6453**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration Term