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Feb 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 749361 (2)

1. Corporation Name

GOLFVIEW TOWNHOMES ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3837/3935 EDGEWATER DR.
SEBRING FL 33872

3107 MONZA DR.
SEBRING FL 33872-2012

3. Date Incorporated or Qualified
10/17/1979

3a. Date of Last Report
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2151721

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23

28

Zip Country

Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELMORE, B.R.
3107 MONZA DR.
SEBRING FL 33872

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

B. A. Elmore

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/3/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
D
NAME ANN PETRILLO
STREET ADDRESS 165 PROSPECT ST.
CITY-ST-ZIP WAKE FIELD MA

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
DP
NAME MURMER, W.
STREET ADDRESS 4014 IRON HILL LANE
CITY-ST-ZIP WOODSTUCK GA 30188

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
~~D~~
NAME GAVIN, J.
STREET ADDRESS 2416 QUEEN ELIZABETH DR.
CITY-ST-ZIP BATHURST, NEW BRUNSWICK CANADA

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
DVP
NAME MOYNIHAN, MICHAEL
STREET ADDRESS 3925 EDGEWATER DR.
CITY-ST-ZIP SEBRING FL 33872

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
DST
NAME RANK, VERON
STREET ADDRESS 135 S. 4TH ST.
CITY-ST-ZIP HUGESVILLE PA 17737

5.1 TITLE Change Addition
5.2 NAME JEADE, INGLIS
5.3 STREET ADDRESS 135 W. MICHIGAN AVE
5.4 CITY-ST-ZIP PRAIRIE DU CHIEN, WI. 53821

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0064384

CR2E037 (9/96)