FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750396 (4)

1. Corporation Name

GOLFVIEW HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% REDDING MANAGEMENT 1 SAN JOSE PLACE, SUITE 7 JACKSONVILLE FL 32257	% REDDING MANAGEMENT 1 SAN JOSE PLACE, SUITE 7 JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1979
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-2401240 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

REDDING MANAGEMENT
1 SAN JOSE PLACE
SUITE 7
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	MONROE, SARAH	12 NAME	
STREET ADDRESS	4302 102 PLAZA GATE LN	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	ROSBALDT, MELANIE	22 NAME	
STREET ADDRESS	4331-202 PLAZA GATE LN.	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL	24 CITY-ST-ZIP	
TITLE	~~D~~ S(D)	31 TITLE	☐ Change ☐ Addition
NAME	CAROLIN, ELIZABETH	32 NAME	
STREET ADDRESS	4304 PLAZA GATE LN, #101	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL	34 CITY-ST-ZIP	
TITLE	~~TD~~ VP (D)	41 TITLE	☐ Change ☐ Addition
NAME	JACKSON, MACK	42 NAME	
STREET ADDRESS	4301-101 PLAZA GATE LN	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	
TITLE	VP	51 TITLE	☐ Change ☐ Addition
NAME	BABER, TOM	52 NAME	
STREET ADDRESS	4309-101 PLAZA GATE LN	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL	54 CITY-ST-ZIP	
TITLE	SD P	61 TITLE	☐ Change ☐ Addition
NAME	HUNTER, PAT	62 NAME	
STREET ADDRESS	4309-202 PLAZA GATE LN	63 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL	64 CITY-ST-ZIP	

I DEPOSITED BY CASH CH

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 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: Mac Jackson Treasurer 3/20/95 904-287-7504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001787