

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified **12/28/1979** 3a. Date of Last Report **05/01/1995**
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**
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MONROE, SARAH	
STREET ADDRESS	4302 102 PLAZA GATE LN	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CAROLIN, ELIZABETH	
STREET ADDRESS	4304 PLAZA GATE LN, #101	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JACKSON, MACK	
STREET ADDRESS	4301-101 PLAZA GATE LN	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BABER, TOM	
STREET ADDRESS	4309-101 PLAZA GATE LN	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HUNTER, PAT	
STREET ADDRESS	4309-202 PLAZA GATE LN	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Patterson, Wayne	
1.3 STREET ADDRESS	4318 101 Plaza Gate Lane	
1.4 CITY-ST-ZIP	Jacksonville, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 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] 3/1/96 Date Daytime Phone #

CR2E037 (12/95)