


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 29 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>750396 (4)</b> 1. Corporation Name <b>Golfview Homeowner's Association, Inc.</b>			
Principal Place of Business		Mailing Address	
2. Principal Place of Business 21 <b>c/o Four Seasons Mgmt</b> Suite, Apt. #, etc. 22 <b>10036 Sawgrass Dr. #3</b> City & State 23 <b>Ponte Vedra Beach, FL</b> Zip Country 24 <b>32082</b> 25 <b>USA</b>		2a. Mailing Address 26 <b>c/o Four Seasons Mgmt</b> Suite, Apt. #, etc. 27 <b>P.O. Box 1159</b> City & State 28 <b>Ponte Vedra Beach, FL</b> Zip Country 29 <b>32004</b> 30 <b>USA</b>	
3. Date Incorporated or Qualified <b>12/28/1979</b>		3a. Date of Last Report <b>04/10/1996</b>	
4. FEI Number <b>59-2401240</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
.		B1 Name <b>Donald J. Munch</b> B2 Street Address (P.O. Box Number is Not Acceptable) <b>c/o Four Seasons Mgmt</b> B3 <b>10036 Sawgrass Dr. #3</b> B4 City <b>Ponte Vedra Beach, FL FL</b> B5 Zip Code <b>32082</b>	
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 <i>Donald Munch</i>		DATE <b>4/25/97</b>	
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Patterson, Wayne</b>	1.2 NAME	<b>Castle, Lou</b>
STREET ADDRESS	<b>4318 101 Plaza Gate Lane</b>	1.3 STREET ADDRESS	<b>4333 #202 Plaza Gate Lane</b>
CITY-ST-ZIP	<b>Jacksonville, FL 32217</b>	1.4 CITY-ST-ZIP	<b>Jacksonville, FL 32217</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Carolyn, Elizabeth</b>	2.2 NAME	
STREET ADDRESS	<b>4304 P;aza Gate Ln., #101</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Jacksonville, FL 32217</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jackson, Mack</b>	3.2 NAME	
STREET ADDRESS	<b>4301 101 Plaza Gate Ln.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Jacksonville, FL 32217</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Baber, Tom</b>	4.2 NAME	
STREET ADDRESS	<b>4309 101 Plaza Gate Ln.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Jacksonville, FL 32217</b>	4.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Hunter, Patricia</b>	5.2 NAME	
STREET ADDRESS	<b>4309 202 Plaza Gate Ln.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Jacksonville, FL 32217</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>100002162051</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>-05/01/97--01075--005</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>***61.25</b>
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: <i>Pat Hunter</i>		DATE <i>Wats Hunt</i> 263-8555	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day/No Phone #	

CR2E037 (9/96)