

FILE NOW: FILING FEE IS \$61.25

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May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 750396 (4)

1. Corporation Name
GOLFVIEW HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business C/O FOUR SEASONS MGMT 10036 SAWGRASS DR. # PONTE VEDRA BEACH FL 32082	Mailing Address C/O FOUR SEASONS MGMT P.O. BOX 1159 PONTE VEDRA BEACH FL 32004
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3. Date Incorporated or Qualified 12/28/1979	
4. FEI Number 59-2401240	Applied For <input type="checkbox"/> 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**MUNCH, DONALD J
C/O FOUR SEASONS MGMT
10036 SAWGRASS DR. #3
PONTE VEDRA BEACH FL 32082**

10. Name and Address of New Registered Agent

81 Name		
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City	85 FL	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASTLE, LOU	1.2 NAME	McInerney, James
STREET ADDRESS	4333 #202 PLAZA GATE LANE	1.3 STREET ADDRESS	4335 Plaza Gate Lane #202
CITY-ST-ZIP	JACKSONVILLE FL 32217	1.4 CITY-ST-ZIP	Jacksonville, Fl. 32217
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROLIN, ELIZABETH	2.2 NAME	Giansante, Dianne
STREET ADDRESS	4304 PLAZA GATE LN, #101	2.3 STREET ADDRESS	4309 Plaza Gate Lane #201
CITY-ST-ZIP	JACKSONVILLE, FL 32217	2.4 CITY-ST-ZIP	Jacksonville, Fl. 32217
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, MACK	3.2 NAME	Howard, Bunny
STREET ADDRESS	4301-101 PLAZA GATE LN	3.3 STREET ADDRESS	4307 Plaza Gate Ln. #102
CITY-ST-ZIP	JACKSONVILLE FL 32217	3.4 CITY-ST-ZIP	Jacksonville, Fl 32217
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	4.1 P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BABER, TOM	4.2 NAME	
STREET ADDRESS	4309-101 PLAZA GATE LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	4.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	5.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUNTER, PAT	5.2 NAME	Hambriek, Paul
STREET ADDRESS	4309-202 PLAZA GATE LN	5.3 STREET ADDRESS	4334 Plaza Gate Ln. #301
CITY-ST-ZIP	JACKSONVILLE, FL 32217	5.4 CITY-ST-ZIP	Jacksonville, Fl. 32217
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Falson, Charles
STREET ADDRESS		6.3 STREET ADDRESS	4330 Plaza Gate Ln. #202
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Jacksonville, Fl. 32217

14. I 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.

CR2E037 (10/97)