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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 750396

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

Principal Place of Business % SENTRY MANAGEMENT INC. 2180 WEST SR 434, STE. 5000 LONGWOOD FL 32779-5044	Mailing Address % SENTRY MANAGEMENT INC. 2180 WEST SR 434, STE. 5000 LONGWOOD FL 32779-5044
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/28/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number X59-2401248X 59-2089333
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent HART, JAMES W C/O SENTRY MANAGEMENT, INC. 2180 WEST SR 434, SUITE 5000 LONGWOOD FL 32779-5044	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
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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 VP NAME MCINERNEY, JAMES STREET ADDRESS 4335 PLAZA GATE LANE, #202 CITY-ST-ZIP JACKSONVILLE FL 32217	<input type="checkbox"/> DELETE	1.1 TITLE D 1.2 NAME BOUTHILLIER, BEN 1.3 STREET ADDRESS 4333-202 PLAZA GATE LN 1.4 CITY-ST-ZIP JACKSONVILLE FL 32217	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME GIANSANTE, DAINNE STREET ADDRESS 4309 PLAZA GATE LANE #201 CITY-ST-ZIP JACKSONVILLE, FL 32217	<input type="checkbox"/> DELETE	2.1 TITLE STD 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME HOWARD, BUNNY STREET ADDRESS 4309 PLAZA GATE LANE, #102 CITY-ST-ZIP JACKSONVILLE FL 32217	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME BABER, TOM STREET ADDRESS 4309-101 PLAZA GATE LN CITY-ST-ZIP JACKSONVILLE, FL 32217	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME HAMBRICK, PAUL STREET ADDRESS 4334 PLAZA GATE LANE, #301 CITY-ST-ZIP JACKSONVILLE, FL 32217	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME FALSON, CHARLES STREET ADDRESS 4330 PLAZA GATE LANE, #102 CITY-ST-ZIP JACKSONVILLE FL 32227	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE: *[Signature]* 12 Mon 99 904/87-5536

CR2E037 (1/98)