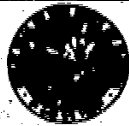


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 21 AM 9:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 751070 (4)

1. Corporation Name

GLENVIEW PENINSULA ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**216 GLENVIEW BLVD
DAYTONA BCH FL 32119
US**

**D.A. DIXON, 2100 OCEAN SHORE BLVD.
101
ORMOND BEACH FL 32176
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/15/1980** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2003115** 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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLAUSEN, LEROY H
2100 OCEAN SHORE BLVD. #101
ORMOND BEACH FL 32176**

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

Signature, typed or printed name of registered agent (and title if applicable)

NOTE: Registered Agent signature required when reappointing

DATE

Leroy H. Clausen

PRESIDENT

4-18-95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CLAUSEN, LEROY
STREET ADDRESS	216 GLENVIEW BLVD 203
CITY-ST-ZIP	DAYTONA BCH, FL 00000
TITLE	VPD
NAME	WEAVER, JACKSON
STREET ADDRESS	216 GLENVIEW BLVD #106
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	STD
NAME	DIXON, DOLORES
STREET ADDRESS	216 GLENVIEW BLVD. #202
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

Leroy H. Clausen
LEROY H. CLAUSEN

PRESIDENT 4-18-95

(904) 441-2432