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Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

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

3. Date Incorporated or Qualified
02/15/1980

3a. Date of Last Report
03/13/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2003115

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

25

Country

29

Zip

Country

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 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 *Leroy H. Clausen*
Signature, typed or printed name of registered agent and title if applicable

LEROY H. CLAUSEN PRESIDENT
(NOTE: Registered Agent signature required when reinstating)

1-9-97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME CLAUSEN, LEROY
STREET ADDRESS 216 GLENVIEW BLVD 203
CITY-ST-ZIP DAYTONA BCH, FL 00000

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD DELETE
NAME WEAVER, JACKSON
STREET ADDRESS 218 GLENVIEW BLVD #108
CITY-ST-ZIP DAYTONA BEACH FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE STD DELETE
NAME DIXON, DOLORES
STREET ADDRESS 216 GLENVIEW BLVD. #101
CITY-ST-ZIP DAYTONA BEACH FL

3.1 TITLE Change Addition
3.2 NAME # 103
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 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: *Leroy H. Clausen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEROY H. CLAUSEN 1-9-97 (904) 441-2432
Date Daytime Phone # 0077328

CR2E037 (9/96)