

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 752393 (9)

1. Corporation Name

GOLFWOOD OF THE CALIFORNIA CLUB HOMEOWNERS ASSOCIATION III, INC.



Principal Place of Business: % SUN DECK CORP. 1100 S. STATE ROAD 7, SUITE 100 MARGATE FL 33068
Mailing Address: % SUN DECK CORP. 1100 S. STATE ROAD 7, SUITE 100 MARGATE FL 33068

3. Date Incorporated or Qualified: 05/07/1980
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21 Sunvest Management, Inc. 22 441 S. St. Rd. 7 #4 23 Margate, FL 24 33068 25 USA
2a. Mailing Address: 26 Sunvest Management, Inc. 27 441 S. St. Rd. 7 #4 28 Margate, FL 29 33068 30 USA

4. FEI Number: 59-2066090
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

SUNVEST MANAGEMENT SERVICE CORP.
1100 S. STATE ROAD 7, SUITE 100
MARGATE FL 33068

10. Name and Address of New Registered Agent

81 Name: Sunvest Management, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 441 S. State Rd. 7, #4
83
84 City: Margate FL 85 Zip Code: 33068

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, SARA	1.2 NAME	
STREET ADDRESS	20590 NE 6TH CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORRIS, ROBERT	2.2 NAME	2nd VP NORRIS, ROBERT
STREET ADDRESS	20594 NE 6TH CT.	2.3 STREET ADDRESS	20594 NE. 6th Ct
CITY-ST-ZIP	N. MIAMI BEACH FL	2.4 CITY-ST-ZIP	N. Miami Beach, FL
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, WILLIAM	3.2 NAME	
STREET ADDRESS	20500 NE 6TH CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, KENNETH	4.2 NAME	
STREET ADDRESS	20558 NE 6TH CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWIFT, MAURICE	5.2 NAME	
STREET ADDRESS	20612 N.E. 6TH CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	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	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96

Date

Daytime Phone #

CR2E037 (12/95)