FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 29, 1999 8:00 am
Secretary of State
03-29-1999 90055 034 ****61.25

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DOCUMENT # 752393

1. Corporation Name

GOLFWOOD OF THE CALIFORNIA CLUB HOMEOWNERS ASSOC
IATION III, INC.

Principal Place of Business	Mailing Address
PHOENIX MANAGEMENT 541 S STATE ROAD 7. #12 MARGATE FL 33068 US	PHOENIX MANAGEMENT 541 S STATE ROAD 7. #12 MARGATE FL 33068 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/07/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2066090 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GOLDBERG, SHELDON PHOENIX MANAGEMENT 541 S STATE ROAD 7, #12 MARGATE FL 33068	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 ____________________
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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GORDON, KENNETH M.		1.2 NAME	
STREET ADDRESS	20558 NE 6TH CT		1.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179		1.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, WILLIAM		2.2 NAME	
STREET ADDRESS	20588 NE 6TH CT.		2.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	NORRIS, BOB		3.2 NAME	
STREET ADDRESS	20594 NE 6TH CT.		3.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SWIFT, MAURICE		4.2 NAME	
STREET ADDRESS	13171 NW 19TH ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33179		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SHEARN, REGINA		5.2 NAME	
STREET ADDRESS	20556 N.E. 6TH CT.		5.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL 33146		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: [signature] Pres 1/11/99 305-651-5410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)