

**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 # 754532 (0)

1. Corporation Name  
**GOLF VIEW DRIVE ASSOCIATION, INC.**



Principal Place of Business: 1096 OLD HIGHWAY 98 SUITE C102B DESTIN FL 32541 US  
Mailing Address: PO BOX 6417 DESTIN FL 32541 US

3. Date Incorporated or Qualified: 10/08/1980  
3a. Date of Last Report: 02/09/1995  
4. FEI Number: 59-2133461  
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

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
PRATT, LINDA  
1096 OLD HIGHWAY 98  
C-102B  
DESTIN FL 32541

10. Name and Address of New Registered Agent  
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 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

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ULLRICH, DONALD W.	
STREET ADDRESS	381 GOLFVIEW - SANDESTIN	
CITY - ST - ZIP	DESTIN FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PARKER, LORRAINE	
STREET ADDRESS	379 GOLFVIEW - SANDESTIN	
CITY - ST - ZIP	DESTIN FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	LEITCH, KENNETH	
STREET ADDRESS	370 GOLFVIEW - SANDESTIN	
CITY - ST - ZIP	DESTIN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NUSSBAUMER, FRED	
STREET ADDRESS	366 GOLFVIEW - SANDESTIN	
CITY - ST - ZIP	DESTIN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARTER, HUSTON	
STREET ADDRESS	384 GOLF VIEW	
CITY - ST - ZIP	DESTIN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	PARKER, LORRAINE	
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	ECKERT, LEROY	
53 STREET ADDRESS	367 Golf View	
54 CITY - ST - ZIP	Destin FL 32541	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: *Lorraine Parker* 2-20-96 (904) 654-1818  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
LORRAINE PARKER

CR2E037 (12/95)