

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**
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**
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 _____
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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULLRICH, DONALD W.	12 NAME	
STREET ADDRESS	381 GOLFVIEW - SANDESTIN	13 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	14 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, LORRAINE	22 NAME	PARKER, LORRAINE
STREET ADDRESS	379 GOLFVIEW - SANDESTIN	23 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	24 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEITCH, KENNETH	32 NAME	
STREET ADDRESS	370 GOLFVIEW - SANDESTIN	33 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUSSBAUMER, FRED	42 NAME	
STREET ADDRESS	366 GOLFVIEW - SANDESTIN	43 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	44 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARTER, HUSTON	52 NAME	D ECKERT, LEROY
STREET ADDRESS	384 GOLF VIEW	53 STREET ADDRESS	367 Golf View
CITY-ST-ZIP	DESTIN FL	54 CITY-ST-ZIP	Destin FL 32541
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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: LORRAINE PARKER

CR2E037 (12/95)