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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 754532

1. Corporation Name
GOLF VIEW DRIVE ASSOCIATION, INC.

Principal Place of Business
 1096 OLD HIGHWAY 98
 SUITE C102B
 DESTIN FL 32541
 US

Mailing Address
 1096 OLD HWY 98
 SUITE C102B
 DESTIN FL 32541
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	10/08/1980	
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Zip	59-2133461	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		<input type="checkbox"/>	
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BELL, DAVID W 1096 OLD HIGHWAY 98 SUITE C-102B DESTIN FL 32541				81 Name	CATHY J. LEE		
				82 Street Address (P.O. Box Number is Not Acceptable)	1096 OLD HWY 98		
				83	SUITE C-102B		
				84 City	FL	85 Zip Code	32541
				DESTIN			

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: *Cathy J. Lee, Association Manager* (CATHY J. LEE)
 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	VD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NUSSBAUMER, FRED	1.2 NAME	LEROY ECKERT
STREET ADDRESS	366 GOLFVIEW DR	1.3 STREET ADDRESS	PO BOX 6133
CITY-ST-ZIP	DESTIN FL 32541	1.4 CITY-ST-ZIP	DESTIN FL 32541
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	BURRUS, ERCELLE	2.2 NAME	
STREET ADDRESS	320 BEAUMONT DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	GOODGAME, HUGHEL	3.2 NAME	
STREET ADDRESS	363 GOLFVIEW DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	NUSSBAUMER, FRED	4.2 NAME	
STREET ADDRESS	366 GOLFVIEW - SANDESTIN	4.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	William Haynes <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, WILLIAM	5.2 NAME	1441 Wimbledon Dr.
STREET ADDRESS	1441 WIMBLEDON DR	5.3 STREET ADDRESS	Kennesaw GA 30144
CITY-ST-ZIP	KENNESAW GA 30144	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
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: *ERCELLE BURRUS* 4/13/99 205-823-2399
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2F037 (4/1/98)