

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 # **762223** (6)

1. Corporation Name
THE GOLFVIEW CLUB AT FONTAINEBLEAU PARK, CONDOMINIUM #4, INC.



Principal Place of Business
9688 FB #100 MIAMI FL 33172 US

Mailing Address
P O BOX 402665 MIAMI BEACH FL 33140 US

3. Date incorporated or Qualified **05/28/1982** 3a. Date of Last Report **02/13/1995**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

4. FEI Number **59-2279236** 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

9. Name and Address of Current Registered Agent
**TORRE, HELIO DE LA
201 ALHAMBRA CIRCLE #1102
CORAL GABLES FL 33134**

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 '92	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HADIDA, JOSE	1.2 NAME	HADIDA, JOSE
STREET ADDRESS	2457 COLLINS AVE., #1404	1.3 STREET ADDRESS	2457 COLLINS AVE., #1404
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	MIAMI BCH FL 33140
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOCH, ABRAHAM	2.2 NAME	HOCH, ABRAHAM
STREET ADDRESS	9688 FONTAINEBLEAU 608	2.3 STREET ADDRESS	9688 FONTAINEBLEAU #608
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FL 33172
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILVA, AMARO	3.2 NAME	Jorge Rodriguez
STREET ADDRESS	9688 FONTAINEBLEAU BLVD #611	3.3 STREET ADDRESS	9688 FONTAINEBLEAU BLVD. #103
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL. 33172
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	700001782737 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	-04/16/96--01124--025
STREET ADDRESS		5.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		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	

1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HADIDA, JOSE
1.3 STREET ADDRESS	2457 COLLINS AVE., #1404
1.4 CITY-ST-ZIP	MIAMI BCH FL 33140
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HOCH, ABRAHAM
2.3 STREET ADDRESS	9688 FONTAINEBLEAU #608
2.4 CITY-ST-ZIP	MIAMI FL 33172
3.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jorge Rodriguez
3.3 STREET ADDRESS	9688 FONTAINEBLEAU BLVD. #103
3.4 CITY-ST-ZIP	MIAMI, FL. 33172
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	700001782737 <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-04/16/96--01124--025
5.3 STREET ADDRESS	***61.25
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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: *[Signature]* **JOSE HADIDA** Sec. X 4/2/96 (2) 538 5124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone

CR2E037 (12/95)