

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **H80810** (5)  
1. Corporation Name  
**GOLFVIEW DEVELOPMENT COMPANY OF LEE COUNTY, INC.**

95 MAR 17 AM 10:29

Principal Place of Business Mailing Address  
PO BOX 061289 PO BOX 061289  
FT. MYERS 33906-1289 FT. MYERS 33906-1289  
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>10/09/1985</b>		3a. Date of Last Report <b>04/15/1994</b>	
4. FEI Number <b>59-2602863</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>FLECK, ARTHUR</b> <b>407 PARKWAY CT., S.W.</b> <b>FT. MYERS FL 33919</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				<b>FL</b>			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLECK, ARTHUR	1.2 NAME	
STREET ADDRESS	407 PARKWAY COURT, S.W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	<del>FT. MYERS FL</del>	1.4 CITY-ST-ZIP	<b>FT. MYERS, FL 33919</b>
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLECK, ARTHUR P., II	2.2 NAME	
STREET ADDRESS	12335 OAK BROOK COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	<del>FT. MYERS FL</del>	2.4 CITY-ST-ZIP	<b>FT. MYERS, FL 33908</b>
TITLE	STD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, GREGORY S.	3.2 NAME	
STREET ADDRESS	<del>8565 CHARTER CLUB #705</del>	3.3 STREET ADDRESS	<b>7350 POPHAM DRIVE</b>
CITY-ST-ZIP	<del>FT. MYERS FL</del>	3.4 CITY-ST-ZIP	<b>FT. MYERS, FL 33919</b>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Arthur Fleck **ARTHUR FLECK** **3/13/95** (813) 489-4828  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR