

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

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



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

3. Date Incorporated or Qualified: **10/09/1985**
3a. Date of Last Report: **03/17/1995**
4. FEI Number: **59-2602863**
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
FLECK, ARTHUR
407 PARKWAY CT., S.W.
FT. MYERS FL 33919

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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FLECK, ARTHUR	
STREET ADDRESS	407 PARKWAY COURT, S.W.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FLECK, ARTHUR P. II	
STREET ADDRESS	12035 OAK BROOK COURT	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	COLEMAN, GREGORY S.	
STREET ADDRESS	7350 POPHAM DR	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	33919
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FLECK II, ARTHUR
2.3 STREET ADDRESS	46411 RAINBOW MEADOW COURT
2.4 CITY-ST-ZIP	FT. MYERS, FL 33908
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	33919
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 DATE: 4/26/96 (941) 489-4828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)