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 # N07415 (5)

1. Corporation Name

GOLF VIEW HOME OWNERS INCORPORATED

900001746289
-03/18/96--01024--036
***61.25

Principal Place of Business	Mailing Address
% CECILE GENEST 901 NW 31ST AVE #131 POMPANO BEACH FL 33069	% CECILE GENEST 901 NW 31ST AVE #131 POMPANO BEACH FL 33069

3. Date Incorporated or Qualified: 01/31/1985
3a. Date of Last Report: 02/14/1995

2. Principal Place of Business	2a. Mailing Address
21 % PATRICIA BRANNON	26 % PATRICIA BRANNON
Suite, Apt. #, etc. 22 901 N.W 31ST AVE #83	Suite, Apt. #, etc. 27 901 N.W 31ST AVE #83
City & State 23 POMPANO BEACH FLA.	City & State 28 POMPANO BEACH.
Zip 24 33069 Country 25 FLA.	Zip 29 33069 Country 30 FLA.

4. FEI Number: 59-6508460 ☐ 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

POLY, EDWARD L
901 NW 31ST AVE #46
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name: COUTURE LUCIEN
82 Street Address (P.O. Box Number is Not Acceptable): 901 NW 31ST AVE # 269
83 POMPANO BEACH
84 City: POMPANO BEACH. FL 85 Zip Code: 33069

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: LUCIEN COUTURE, PRES. Lucien Couture 3-12-96
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	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MOREAU, WILLIAM		1.2 NAME	COUTURE LUCIEN	
STREET ADDRESS	901 NW 31ST AVE #199		1.3 STREET ADDRESS	901 NW 31ST AVE #269	
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP	POMPANO BEACH FLA 33069	
TITLE	VP	☐ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	COUTURE, LUCIEN		2.2 NAME	HILDEBRAND JOHN	
STREET ADDRESS	901 NW 31ST AVE #269		2.3 STREET ADDRESS	901 NW 31ST AVE #149	
CITY-ST-ZIP	POMPANO BEACH FL		2.4 CITY-ST-ZIP	POMPANO BEACH FLA 33069	
TITLE	VP	☒ DELETE	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	VALADE, JEAN-CLAUDE		3.2 NAME	MAZZOLA ROBERT	
STREET ADDRESS	901 NW 31ST AVE #195		3.3 STREET ADDRESS	901 N.W. 31ST AVE #67	
CITY-ST-ZIP	POMPANO BEACH FL		3.4 CITY-ST-ZIP	POMPANO BEACH FLA 33069	
TITLE	CP	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	HOUCK, MEARL		4.2 NAME	LANDRY MARC	
STREET ADDRESS	901 NW 31ST AVE #71		4.3 STREET ADDRESS	901 NW 31ST AVE #184	
CITY-ST-ZIP	POMPANO BEACH FL		4.4 CITY-ST-ZIP	POMPANO BEACH FLA 33069	
TITLE	SD	☒ DELETE	5.1 TITLE	SD.	☒ Change ☐ Addition
NAME	GENEST, CECILE L		5.2 NAME	BRANNON PATRICIA	
STREET ADDRESS	901 NW 31ST AVE #131		5.3 STREET ADDRESS	901 N.W 31 ST AVE #83	
CITY-ST-ZIP	POMPANO BEACH FL		5.4 CITY-ST-ZIP	POMPANO BEACH FLA 33069	
TITLE	TD	☒ DELETE	6.1 TITLE	T.D.	☒ Change ☐ Addition
NAME	GENEST, ROBERT W		6.2 NAME	FRECHETTE ROLLAND	
STREET ADDRESS	901 NW 31ST AVE #131		6.3 STREET ADDRESS	901 NW 31ST AVE #234	
CITY-ST-ZIP	POMPANO BEACH FL		6.4 CITY-ST-ZIP	POMPANO BEACH FLA. 33069	

CR2E037 (12/95)

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: Rolland Frechette ROLLAND FRECHETTE TREAS. FEB/ 196 (954) 978-3626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #