

FILE NOW: FILING FEE IS \$61.25

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Mar 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N07415** (5)

1. Corporation Name

**GOLF VIEW HOME OWNERS INCORPORATED**



Principal Place of Business <b>% PATRICIA BRANNON 901 NW 31ST AVE #83 POMPAÑO BEACH FL 33069</b>	Mailing Address <b>% PATRICIA BRANNON 901 NW 31ST AVE #83 POMPAÑO BEACH FL 33069-1130</b>
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3. Date Incorporated or Qualified <b>01/31/1985</b>	3a. Date of Last Report <b>03/15/1996</b>
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2. Principal Place of Business <b>21 c/o Audrey Baker</b> Suite, Apt. #, etc. <b>22 3371 Fairway Dr.</b> City & State <b>23 Pompano Beach, FL</b> Zip <b>24 33069</b> Country <b>25 U.S.A.</b>	2a. Mailing Address <b>26 c/o Audrey Baker</b> Suite, Apt. #, etc. <b>27 3371 Fairway Dr.</b> City & State <b>28 Pompano Beach, FL</b> Zip <b>29 33069</b> Country <b>30 U.S.A.</b>
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4. FEI Number <b>59-6508460</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>COUTURE, LUCIEN 901 NW 31ST AVE #289 POMPAÑO BEACH FL 33069</b>	
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10. Name and Address of New Registered Agent <b>81 Name COUTURE, LUCIEN</b> <b>82 Street Address (P.O. Box Number Not Acceptable) 793 GOLFFVIEW BLVD.</b> <b>83</b> <b>84 City POMPAÑO BEACH FL 85 Zip Code 33069</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HILDEBRAND, JOHN 901 NW 31ST AVE #149 POMPAÑO BEACH FL 33069 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD COUTURE, LUCIEN 793 GOLFFVIEW BLVD. POMPAÑO BEACH, FL. 33069 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COUTURE, LUCIEN 901 NW 31ST AVE #269 POMPAÑO BEACH FL 33069 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	vp HILDEBRAND, JOHN 542 GOLFFVIEW BLVD. POMPAÑO BEACH, FL. 33069 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAZZOLA, ROBERT 901 NW 31ST AVE #67 POMPAÑO BEACH FL 33069 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VP DUBREUIL, RITA 811 BIRDIE LANE POMPAÑO BEACH, FL. 33069 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDRY, MARC 901 NW 31ST AVE #67 POMPAÑO BEACH FL 33069 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	SD BAKER, AUDREY 3371 FAIRWAY DRIVE POMPAÑO BEACH, FL. 33069 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRANNON, PATRICIA 901 NW 31ST AVE #83 POMPAÑO BEACH FL 33069 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	TD FRECHETTE, ROLLAND 3565 TEE TERRACE POMPAÑO BEACH, FL. 33069 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRECHETTE, ROLLAND 901 NW 31ST AVE #234 POMPAÑO BEACH FL 33069 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D LEBLANC, ALFRED 796 WEDGE LANE POMPAÑO BEACH, FL. 33069 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE: Rolland Frechette ROLLAND FRECHETTE, TREASURER (954) 978-3626  
Date: 24th March 1997 Daytime Phone # 0025832

CR2E037 (9/96)