## FILE NOW: FILING FEE IS \$61.25

<u>NONPROFIT</u> CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS 98 NEC -8 AM 9: 30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N07415

(5)

## GOLF VIEW HOME OWNERS INCORPORATED

Delpoined Place	o of Duningoo	Malline Address	· <u>*</u>		
Principal Place of Business		Mailing Address			•
3371 FAIRWAY DR		3371 FAIRWAY DR		3. Date Incorporated or Qualified	
901 NW 31ST AVE #83 POMPANO BCH FL 33069		901 NW 31ST AVE #83 POMPANO BCH FL 33069		01/31/1985	
US	. 12 0000	US		4. FEI Number Applied For	7
				59-6508460   Not Applica	able
2. Principal Place of Business		2a. Mailing Address	Dales.	5. Certificate of Status Desired S8.75 Additiona	d
21 c/o Audrey Baker		26 c/o Audrey Baker		Fee Required	
Suite, Apt. 90 I		Sulte, Apt #, etc. 3371 Fai	rway Dr.	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees	
City & Stat	e bano Beach, FL	City & State Pompano	Beach FL	7. Is this nonprofit corporation a homeowners association?	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year intangible.	7
24 3306		29 33069	30 U.S.A.	Personal Property Tax due June 30. Yes No	1/L
	9. Name and Address of Curren			10. Name and Address of New Registered Agent	<del>// </del>
	<del>"</del>		81 Name	PLANTE MARCEL	
COUTURE, LUCIEN 82 Street			Address (P.O. Box Number is Not Acceptable)		
793 GOLFVIEW BLVD				3517 - BUNKER BLYD:	
POMPANO BCH FL 33069			83	DOMBANO - BEACH	
			84 City	85   Zip Code _	0
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508. Florida Statute	s the above-named	corporation submits this statement for the purpose of changing its register	Z
office or r	egistered agent, or both, in the State	of Florida. Such change was a	uthorized by the corp	oration's board of directors. I hereby accept the appointment as registere	id
agent. i a	MARCEL PLAN	ations of, Section 17,0503, Flo		Dec 744 98.	
SIGNATURE _	Signature, typed or printed name of registered age		, Registered Agent signature	required when reinstating) DATE	—
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	X DELETE	1.1 TITLE	PD 200002713T3mg-RAM	<b>T</b> on
NAME	HILDEBRAND, JOHN		1,2 NAME	PLANTE, MARCE 2/15/98-01102-008	
STREET ADDRESS	542 GOLFVIEW BLVD		1,3 STREET ADDRESS	3517 BUNKER BLVD. *****61.25	
CITY-ST-ZIP_	POMPANO BEACH FL		1.4 CITY - ST - ZIP	POMPANO BEACH, FL. 33069	
TITLE	PD	ZA DELETE	2.1 TITLE	▼! Change Addi	tion
NAME	COUTURE, LUCIEN		2.2 NAME	DEBLASI, JOSEPH	
STREET ADDRESS	793 GOLFVIEW BLVD		2.3 STREET ADDRESS	3567 BUNKER BLVD.	
CITY ST-ZIP	POMPANO BEACH FL		2. 4 CITY-ST-ZIP	POMPANO BEACH, FL 33069	
TITLE	VP	₩ DELETE	3.1 TITLE	VD Change K Addi	tion
NAME	Dubreuil, Rita		3.2 NAME	LEPINE, ROSAIRE	
STREET ADDRESS	811 BIRDIE LANE		3.3 STREET ADDRESS	3448 EAGLE DR.	
CITY-ST-ZIP	POMPANO BEACH FL		3.4. CITY - ST-ZIP	POMPANO BEACH, FL 33069	
TITLE	SD	DELETE	4.1 TITLE	D Change K Addi	tion
NAME	BAKER, AUDREY		4. 2 NAME	HUGHES, DAVID	
STREET ADDRESS	3371 FAIRWAY DRIVE		4.3 STREET ADDRESS	3539 EAGLE DR.	
CITY - ST - ZIP	POMPANO BEACH FL		4.4 CITY - ST - ZIP	POMPANO BEACH, FL 33069	
<b>J</b> ITLE	TD	DELETE	5.1 TITLE	D Change Addi	tion
NAME	FRECHETTE, ROLLAND		5.2 NAME	LEBLANC, ALFRED	
STREET ADDRESS	3565 TEE TERRACE		5.3 STREET ADDRESS	796 WEDGE LANE	
CITY-ST-ZIP	POMPANO BEACH FL		5.4 CITY-ST-ZIP	POMPANO BEACH, FL 33069	
TITLE	TD	₩ DELETE	6.1 TITLE	D Change Addit	cion_
NAME	FRECHETTE, ROLLAND		6.2 NAME	HOLMES, BETTY	n
CERTAIN ADORSES	SECT THE THOUARD		6 2 STREET ADDRESS	SEAS BUNKED BUKE	1

STREET ADDRESS

3565 TEE TERRACE

CITY-ST-ZIP

POMPANO BEACH FL

64 CITY-ST-ZIP

POMPANO BEACH, FL

33U59

14- I hereby certify that the information supplied with this filling 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 cath; that I am 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.

Authorized Advanced Advanc SIGNATURE: MARCE

(2)

Our community consists primarily of seasonal residents. The Corporation papers arrived late this year.....the officers were spread far and wide and only have recently returned.

" SORRY (FOR VAE DELAY"