FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 APR 17 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N16771** **(0)**

1. Corporation Name

ST. ANDREWS AT GOLFVIEW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 061289 FORT MYERS FL 33906-6289	P.O. BOX 061289 FORT MYERS FL 33906-6289

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/12/1986
3a. Date of Last Report: 04/18/1994
4. FEI Number: 65-0034763 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FLECK, ARTHUR
407 PARKWAY CT., S.W.
FORT 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	VD ☒ Change ☒ Addition
NAME	SHEAP, SUSAN	12 NAME	KNACK, William
STREET ADDRESS	14831 HOLE-IN-ONE CIR., S.W. #209	13 STREET ADDRESS	14831 Hole in One Circle SW #209
CITY-ST-ZIP	FT MYERS FL	14 CITY-ST-ZIP	Ft. Myers, FL 33919
TITLE	VD	21 TITLE	STD ☒ Change ☐ Addition
NAME	SHEA, OLGA	22 NAME	SHEA, OLGA
STREET ADDRESS	14831 HOLE-IN-ONE CIRLCE, S.W. #101	23 STREET ADDRESS	14831 Hole in One Circle SW. #101
CITY-ST-ZIP	FT. MYERS FL	24 CITY-ST-ZIP	Ft Myers, FL 33919
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	DUFFEY, TOM	32 NAME	
STREET ADDRESS	14831 HOLE-IN-ONE CIRCLE, S.W. #205	33 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	34 CITY-ST-ZIP	
TITLE	STD	41 TITLE	D ☒ Change ☐ Addition
NAME	SHARKEY, JOY	42 NAME	Sharkey, Joy
STREET ADDRESS	14831 HOLE IN ONE CIRCLE SW. #104	43 STREET ADDRESS	14831 Hole in One Circle SW #104
CITY-ST-ZIP	FT MYERS FL	44 CITY-ST-ZIP	Ft Myers, FL 33919
TITLE	D	51 TITLE	D ☐ Change ☒ Addition
NAME	VOCLKER, DON	52 NAME	Poirier, Edouard
STREET ADDRESS	13831 HOLE IN ONE CIRCLE SW #207	53 STREET ADDRESS	14831 Hole in One Circle SW #206
CITY-ST-ZIP	FT MYERS FL	54 CITY-ST-ZIP	Ft Myers, FL 33919
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joy Sharkey Joy Sharkey 4/10/95 481-5518
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Daytime Phone #)

001N01