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NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N18191 (9)**

1. Corporation Name
GULFVIEW ESTATES OWNERS ASSOCIATION, INC.



Principal Place of Business: P.O. BOX 1444, ENGLEWOOD FL 34295-1444, US
Mailing Address: P.O. BOX 1444, ENGLEWOOD FL 34295-1444, US

3. Date Incorporated or Qualified: 12/10/1986
3a. Date of Last Report: 04/27/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	PO Box 25065	59-2662771	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	2100 Constitutum Blvd		
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
	Sarasota FL		
24. Zip	25. Country	29. Zip	30. Country
		34277-	Sarasota

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEE, JOHN T 1120 GULF BLVD SUITE 10 ENGLEWOOD FL 34223	81. Name: Argus Property Management 82. Street Address: (P.O. Box Number is Not Acceptable) 83. 2100 Constitutum Blvd 84. City: Sarasota FL 85. Zip Code: 34277-

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: *Barbara O'Grady* (Registered Agent signature required when reinstating)
DATE: 3-1-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D NAME: MAC NEVIN, EARL STREET ADDRESS: 5816 MONROE CITY-ST-ZIP: VENICE FL	<input type="checkbox"/> DELETE	1.1 TITLE: Pres 1.2 NAME: Fay Ricci 1.3 STREET ADDRESS: 5873 Madison Rd 1.4 CITY-ST-ZIP: Venice, FL 34293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: HAUCK, PAUL STREET ADDRESS: 5831 GARFIELD RD. CITY-ST-ZIP: VENICE FL	<input type="checkbox"/> DELETE	2.1 TITLE: Wayne Jones - Treasurer 2.2 NAME: 6855 Jackson 2.3 STREET ADDRESS: Venice, FL 2.4 CITY-ST-ZIP: 34293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: LAMANNA, SAL STREET ADDRESS: 5818 HARRISON ROAD CITY-ST-ZIP: VENICE FL	<input type="checkbox"/> DELETE	3.1 TITLE: Secretary 3.2 NAME: Don Kottner 3.3 STREET ADDRESS: 5843 Madison Rd 3.4 CITY-ST-ZIP: Venice 34293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: KOTTNER, DONALD STREET ADDRESS: 5843 MADISON RD CITY-ST-ZIP: VENICE FL	<input type="checkbox"/> DELETE	4.1 TITLE: Director 4.2 NAME: Clyde Hudson 4.3 STREET ADDRESS: 5739 Taylor Rd 4.4 CITY-ST-ZIP: Venice FL 34293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: RICCI, FAYE STREET ADDRESS: 5873 MADISON ROAD CITY-ST-ZIP: VENICE FL	<input type="checkbox"/> DELETE	5.1 TITLE: Director 5.2 NAME: John Slight 5.3 STREET ADDRESS: 5873 Harrison Rd 5.4 CITY-ST-ZIP: Venice, FL 34293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Wayne W. Jones* 2/20/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)