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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N18191 (9)
1. Corporation Name
GULFVIEW ESTATES OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
P.O. BOX 1444 ENGLEWOOD FL 34285-1444 US
PO BOX 25065 2100 CONSTITUTION BLVD SARASOTA FL 34277-2065 US

3. Date Incorporated or Qualified 12/10/1986
3a. Date of Last Report 03/14/1996

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

4. FEI Number 59-2662771 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
ARGUS PROPERTY MANAGEMENT
2100 CONSTITUTION BLVD
SARASOTA FL 34277

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

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 *William R. Morham* DATE 03/14/96
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	RICE, FAY
STREET ADDRESS	5873 MADISON RD
CITY-ST-ZIP	VENICE FL
TITLE	T <input type="checkbox"/> DELETE
NAME	JONES, WAYNE
STREET ADDRESS	5855 JACKSON
CITY-ST-ZIP	VENICE FL
TITLE	S <input type="checkbox"/> DELETE
NAME	KOTTNER, DAN
STREET ADDRESS	5843 MADISON RD
CITY-ST-ZIP	VENICE FL
TITLE	H <input type="checkbox"/> DELETE
NAME	HUDSON, CLYDE
STREET ADDRESS	5839 TAYLOR RD
CITY-ST-ZIP	VENICE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SLIGHT, JOHN
STREET ADDRESS	5873 HARRISON RD
CITY-ST-ZIP	VENICE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ERNIE AUERBACH
1.3 STREET ADDRESS	1321 WASHINGTON DR
1.4 CITY-ST-ZIP	VENICE FL 34293
2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FRANK COUNTY
2.3 STREET ADDRESS	1434 PIERCE DR
2.4 CITY-ST-ZIP	VENICE FL 34293
3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BARBARA KOPP
3.3 STREET ADDRESS	5863 TAYLOR RD
3.4 CITY-ST-ZIP	VENICE FL 34293
4.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	RA DIRECTOR V. PRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	RALPH ARONE
6.3 STREET ADDRESS	5831 TAYLOR RD
6.4 CITY-ST-ZIP	VENICE FL 34293

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: *[Signature]* SIGNATURE REQUIRED *[Signature]* 2/18/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0084186

CF2E037 (9/96)