

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N46384 (6)
1. Corporation Name
MUIRFIELD AT GOLFVIEW CONDOMINIUM ASSOCIATION, I NC.



Principal Place of Business Mailing Address
P.O. BOX 061289 FT MYERS FL 33906-1289 US
P.O. BOX 061289 FT MYERS FL 33906-1289 US

3. Date Incorporated or Qualified **12/09/1991** 3a. Date of Last Report **04/17/1995**
4. FEI Number **65-0343138** 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

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

9. Name and Address of Current Registered Agent
**FLECK, ARTHUR
407 PARKWAY CT SW
FT MYERS FL 33919**
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 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS, JOHN	1.2 NAME	
STREET ADDRESS	14891 SW HOLE-IN-ONE CIR #106	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EWEN, RUSSELL	2.2 NAME	
STREET ADDRESS	1491 SW HOLE-IN-ONE CIR #107	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANFRE, MICHAEL	3.2 NAME	
STREET ADDRESS	14891 SW HOLE-IN-ONE #104	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GROSS, MARY ANN	4.2 NAME	DAVID GROSSKLAG
STREET ADDRESS	14891 SW HOLE-IN-ONE CIR #106	4.3 STREET ADDRESS	14891 HOLE IN ONE CIRCLE #310
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	FT MYERS, FL 33919
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	TREASURER/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANAHER, CAMPBELL	5.2 NAME	
STREET ADDRESS	14891 SW HOLE-IN-ONE CIR #109	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: *[Signature]* Date: **4-26-96** Daytime Phone #: **941-489-3808**

CR2E037 (12/95)