

FILE NOW: FILING FEE IS \$61.25

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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N46384** (6)
1. Corporation Name
MUIRFIELD AT GOLFVIEW CONDOMINIUM ASSOCIATION, I NC.



Principal Place of Business P.O. BOX 061289 FT MYERS FL 33906-1289 US	Mailing Address P.O. BOX 061289 FT MYERS FL 33906-1289 US
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3. Date Incorporated or Qualified 12/09/1991	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 14849 Hole-In-One Circle Suite, Apt. #, etc. 22 City & State 23 Fort Myers, FL Zip Country 24 33919-7147 25 USA	2a. Mailing Address 26 14849 Hole-In-One Circle Suite, Apt. #, etc. 27 City & State 28 Fort Myers, FL Zip Country 29 33919-7147 30 USA	4. FEI Number 65-0343138 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent FLECK, ARTHUR 407 PARKWAY CT SW FT MYERS FL 33919	10. Name and Address of New Registered Agent 81 Name Dennis Catoe 82 Street Address (P.O. Box Number Is Not Acceptable) 83 5732 Sandpiper Place S W 84 City Fort Myers FL 85 Zip Code 33919
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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 *Dennis Catoe* **Dennis Catoe** 4-8-97 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 NAME STREET ADDRESS CITY-ST-ZIP	PD GROSS, JOHN 14891 SW HOLE-IN-ONE CIR #106 FT. MYERS FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D Pat Courtney 14891 Hole-In-One Circle PH3 Fort Myers, FL 33919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EWEN, RUSSELL 1491 SW HOLE-IN-ONE CIR #107 FT. MYERS FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MANFRE, MICHAEL 14891 SW HOLE-IN-ONE #104 FT. MYERS FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROSSKLAG, DAVID 14891 HOLE IN ONE CIR #310 FT MYERS FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DANAHER, CAMPBELL 14891 SW HOLE-IN-ONE CIR #109 FT MYERS FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input 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 does not qualify for the exemption stated in Section 119.07(3)(l), 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: *John Gross* **John Gross** 4-8-97 DATE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0056168

CFR2E037 (9/96)