FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

0086297

DOCUMENT # N46384

1. Corporation Name

MUIRFIELD AT GOLFVIEW CONDOMINIUM ASSOCIATION, I NC.

538798 - 90260 - 16

Principal Place of Business	Mailing Address
14849 HOLE-IN-ONE CIRCLE FT MYERS FL 33906-1289 US	14849 HOLE-IN-ONE CIRCLE FT MYERS FL 33906-1289 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/09/1991	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0343138	Applied For / Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent

	81	Name
CATOE, DENNIS ~~407 PARKWAY CT SW~~ 5732 SANDPIPER PLACE S W FT MYERS FL 33919	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 *CATOE Dennis*   *(signature)*   *5-2-99*
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

CR2E037 (11/98)

12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	COURTNEY, PAT		1.2 NAME		
STREET ADDRESS	14891 HOLE-IN-ONE CIRCLE PH3		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33919		1.4 CITY-ST-ZIP		
TITLE	VPD	☑ DELETE	2.1 TITLE	*VPD*	☐ Change ☑ Addition
NAME	EWEN, RUSSELL		2.2 NAME	*McCANN, VIVIAN*	
STREET ADDRESS	1491 SW HOLE-IN-ONE CIR #107		2.3 STREET ADDRESS	*14891 Hole-IN-ONE S.W.*	
CITY-ST-ZIP	FT. MYERS FL		2.4 CITY-ST-ZIP	*Fort Myers Fla 33919*	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GOJRO, DOUGLAS		3.2 NAME		
STREET ADDRESS	14891 HOLE-IN-ONE CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		3.4 CITY-ST-ZIP		
TITLE	VD	☑ DELETE	4.1 TITLE	*D*	☐ Change ☑ Addition
NAME	GROSSKLAG, DAVID		4.2 NAME	*Lawrence Frawley*	
STREET ADDRESS	14891 HOLE IN ONE CIR #310		4.3 STREET ADDRESS	*14891 Hole iN ONe Circle #105*	
CITY-ST-ZIP	FT MYERS FL		4.4 CITY-ST-ZIP	*FT. Myers, Fla. 33919*	
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GROSS, JOHN		5.2 NAME		
STREET ADDRESS	14891 SW HOLE-IN-ONE CIR #106		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: *(signature)*   *5-2-99*   *941-489-3808*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #