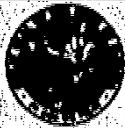


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 752393 (9)

1. Corporation Name

**GOLFWOOD OF THE CALIFORNIA CLUB HOMEOWNERS ASSOC
IATION II, INC.**

Principal Place of Business

Mailing Address

% SUN DECK CORP.
1100 S. STATE ROAD 7, SUITE 100
MARGATE FL 33068

% SUN DECK CORP.
1100 S. STATE ROAD 7, SUITE 100
MARGATE FL 33068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/07/1980

3a. Date of Last Report
02/24/1994

4. FEI Number
59-2066090

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

**\$68.75 Supplemental
Fee Not Required**

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUNVEST MANAGEMENT SERVICE CORP.
1100 S. STATE ROAD 7, SUITE 100
MARGATE FL 33068**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LAWRENCE, SARA
STREET ADDRESS 20590 N.E. 6TH CT.
CITY-ST-ZIP N MIAMI BEACH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

**D LAWRENCE, SARA
20590 NE 6th Ct.
N. Miami Beach, FL 33179**

☒ Change ☐ Addition

TITLE D
NAME LUBIN, SEYMOUR
STREET ADDRESS 20582 N.E. 6TH CT.
CITY-ST-ZIP N MIAMI BEACH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

**D LUBIN, SEYMOUR
20582 NE 6th Ct.
N. Miami Beach, FL 33179**

☐ Change ☐ Addition

TITLE SD
NAME POWELL, JACK
STREET ADDRESS 20582 N.E. 6TH CT.
CITY-ST-ZIP N MIAMI BEACH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

**VPD SMITH, WILLIAM
20582 NE 6th Ct.
N. Miami Beach, FL 33179**

☐ Change ☐ Addition

TITLE VPD
NAME GORDON, KENNETH
STREET ADDRESS 20558 NE 6TH COURT
CITY-ST-ZIP N MIAMI BEACH FL 33179

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

**PD GORDON, KENNETH
20558 NE 6th Ct
N. Miami Beach, FL 33179**

☒ Change ☐ Addition

TITLE TD
NAME SWIFT, MAURICE
STREET ADDRESS 20612 N.E. 6TH CT.
CITY-ST-ZIP N MIAMI BEACH FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ 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 110.07(3)(b), 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:

Kenneth Gordon President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95

305-651-5410

Date

Telephone #