FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 ASSOCIATION III, INC.

DO NOT WRITE IN THIS SPACE

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

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ 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	PD	1.1 TITLE	D	☑ Change ☐ Addition
NAME	LAWRENCE, SARA	1.2 NAME	Lawrence, Sara	
STREET ADDRESS	20590 N.E. 6TH CT.	1.3 STREET ADDRESS	20590 NE 6th Ct.	
CITY-ST-ZIP	N MIAMI BEACH FL	1.4 CITY-ST-ZIP	N. Miami Beach, FL 33179	
TITLE	D	2.1 TITLE	S/D	☐ Change ☐ Addition
NAME	LUBIN, SEYMOUR	2.2 NAME	Norris, Robert	
STREET ADDRESS	20582 N.E. 6TH CT.	2.3 STREET ADDRESS	20594 NE 6th Ct.	
CITY-ST-ZIP	N MIAMI BEACH FL	2.4 CITY-ST-ZIP	N. Miami Beach, FL 33179	
TITLE	SD	3.1 TITLE	VPD	☐ Change ☐ Addition
NAME	POWELL, JACK	3.2 NAME	Smith, William	
STREET ADDRESS	20582 N.E. 6TH CT.	3.3 STREET ADDRESS	20582 NE 6th Ct.	
CITY-ST-ZIP	N MIAMI BEACH FL	3.4 CITY-ST-ZIP	N. Miami Beach, FL 33179	
TITLE	VPD	4.1 TITLE	PD	☑ Change ☐ Addition
NAME	GORDON, KENNETH	4.2 NAME	Gordon, Kenneth	
STREET ADDRESS	20558 NE 6TH COURT	4.3 STREET ADDRESS	20558 NE 6th Ct	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	4.4 CITY-ST-ZIP	N Miami Beach, FL 33179	
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	SWIFT, MAURICE	5.2 NAME		
STREET ADDRESS	20612 N.E. 6TH CT.	5.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL	5.4 CITY-ST-ZIP		
TITLE		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 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)(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: Kenneth Gordon President 4/25/95 305-651-5410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008600