

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 2:03

DOCUMENT # 778558

1. Corporation Name

Golf Inn Townhouse Assn., Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
9101-9159 NW 38 Dr. 9365 W. Sample Rd.
Coral Springs, FL Suite 203-A
33065 Coral Springs, FL
33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/27/1973	3a. Date of Last Report 4/25/94
4. FEI Number 59-2032066	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name Joan Valliere
	82 Street Address (P.O. Box Number is Not Acceptable) 9109 NW 38th Dr
	83
	84 City Coral Springs FL
	85 Zip Code 33065

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 Joan Valliere (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		11 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	Valliere, Joan
STREET ADDRESS		13 STREET ADDRESS	9109 NW 38th Dr
CITY - ST - ZIP		14 CITY - ST - ZIP	Coral Springs, FL
TITLE		21 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	Morales, Magdalia
STREET ADDRESS		23 STREET ADDRESS	7998 NW 15th St.
CITY - ST - ZIP		24 CITY - ST - ZIP	Margate, FL
TITLE		31 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	Sanders, Roxanne
STREET ADDRESS		33 STREET ADDRESS	9127 NW 38th Dr.
CITY - ST - ZIP		34 CITY - ST - ZIP	Coral Springs, FL
TITLE		41 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	Munson, Judy
STREET ADDRESS		43 STREET ADDRESS	9103 NW 38 Dr.
CITY - ST - ZIP		44 CITY - ST - ZIP	Coral Springs, FL
TITLE		51 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	Calas, Roberto
STREET ADDRESS		53 STREET ADDRESS	9145 NW 38 Dr.
CITY - ST - ZIP		54 CITY - ST - ZIP	Coral Springs, FL
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 607.0502(1)(b), Florida Statutes; 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: Joan Valliere 4/18/95 (305) 345-1746
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR (Date) (Typed Name)