

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728558 (8)

1. Corporation Name
GOLF INN TOWNHOUSE ASSOCIATION, INC.



Principal Place of Business: 9101-9159 NW 38 DR, CORAL SPRINGS FL 33065 US
Mailing Address: 9365 W SAMPLER RD, SUITE 203-A, CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified: 12/27/1973
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number	59-2032066	Applied For	Not Applicable		
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required			
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees			
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VALLIERE, JOAN 9109 NW 38TH DR CORAL SPRINGS FL 33065				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: TD	NAME: MORALES, MIGDALIA	1.1 TITLE: P/D	1.2 NAME: VALLIERE, JOAN
STREET ADDRESS: 7998 NW 1ST ST	CITY-ST-ZIP: MARGATE FL	1.3 STREET ADDRESS: 9101 NW 38th Dr.,	1.4 CITY-ST-ZIP: Coral Springs
TITLE: PD	NAME: VALLIERE, JOAN	2.1 TITLE: S/D	2.2 NAME: Sanders, Roxanne
STREET ADDRESS: 9109 NW 38TH DR	CITY-ST-ZIP: CORAL SPRINGS FL	2.3 STREET ADDRESS: 9127 NW 38th Dr.,	2.4 CITY-ST-ZIP: Coral Springs
TITLE: SD	NAME: SANDERS, ROXANNE	3.1 TITLE: T/D	3.2 NAME: Herman, Michael
STREET ADDRESS: 9127 NW 38TH DR	CITY-ST-ZIP: CORAL SPRINGS FL	3.3 STREET ADDRESS: 9107 NW 38th Dr.,	3.4 CITY-ST-ZIP: Coral Springs
TITLE: VPD	NAME: MUNSON, JUDY	4.1 TITLE: D	4.2 NAME: Munson, Judy
STREET ADDRESS: 9103 NW 38 DR	CITY-ST-ZIP: CORAL SPRINGS FL	4.3 STREET ADDRESS: 9103 NW 38th Dr.,	4.4 CITY-ST-ZIP: Coral Springs
TITLE: D	NAME: CALES, ROBERTO	5.1 TITLE: D	5.2 NAME: Kandel, Thomas
STREET ADDRESS: 9145 NW 38 DR	CITY-ST-ZIP: CORAL SPRINGS FL	5.3 STREET ADDRESS: 9157 NW 38th Dr.,	5.4 CITY-ST-ZIP: Coral Springs,
TITLE:	NAME:	6.1 TITLE: Florida	6.2 NAME: 33065
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	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)(k), 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: *Joan Valliere* DATE: 2/27/96 TELEPHONE: 954-752-4796

CR2E037 (12/95)