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Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **752393** (9)

1. Corporation Name

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

Principal Place of Business

Mailing Address

**PHOENIX MANAGEMENT
541 S STATE ROAD 7, #12
MARGATE FL 33068
US**

**PHOENIX MANAGEMENT
541 S STATE ROAD 7, #12
MARGATE FL 33068
US**

3. Date Incorporated or Qualified

05/07/1980

4. FEI Number

59-2066090

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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. Is this nonprofit corporation a homeowners association?
☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOLDBERG, SHELDON
PHOENIX MANAGEMENT
541 S STATE ROAD 7, #12
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 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

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 ☒ DELETE

NAME **D LAWRENCE, SARA**
STREET ADDRESS **20590 NE 6TH CT**
CITY-ST-ZIP **N. MIAMI BEACH FL 33179**

NAME **SMITH, WILLIAM**
STREET ADDRESS **20588 NE 6TH CT.**
CITY-ST-ZIP **N. MIAMI BEACH FL 33179**

TITLE ☐ DELETE

NAME **SD NORRIS, BOB**
STREET ADDRESS **20594 NE 6TH CT.**
CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE ☐ DELETE

NAME **TD SWIFT, MAURICE**
STREET ADDRESS **20612 N.W. 6TH**
CITY-ST-ZIP **N. MIAMI BEACH FL 33179**

TITLE ☐ DELETE

NAME **D SHEARN, REGINA**
STREET ADDRESS **20556 N.E. 6TH CT.**
CITY-ST-ZIP **N. MIAMI FL 33146**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**P.D. Gordon, KENNETH M.
20558 NE 6TH CT
N. MIAMI BEACH, FL 33179**

**P.D. Swift, Maurice
13171 N.W. 19th St
Pembroke Pines, FL**

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 in an attachment with an address.

SIGNATURE:

KENNETH M. GORDON 3/10/98 305-157-3222

CP2E037 (10/97)