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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728558

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 SAMPLE RD
SUITE 203
CORAL SPRINGS FL 33065
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/27/1973

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2032066

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAATHOFF, ANNE M.
9365 W. SAMPLE ROAD #203
CORAL SPRINGS FL 33065

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 PD DELETE
NAME VALLIERE, JOAN
STREET ADDRESS 9101 NW 38TH DRIVE
CITY-ST-ZIP CORAL SPRINGS FL

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

TITLE TD DELETE
NAME HERMAN, MICHAEL
STREET ADDRESS 9107 NW 38TH DRIVE
CITY-ST-ZIP CORAL SPRINGS FL

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

TITLE SD DELETE
NAME SANDERS, ROXANNE
STREET ADDRESS 9127 NW 38TH DR
CITY-ST-ZIP CORAL SPRINGS FL

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

TITLE VPD DELETE
NAME MUNSON, JUDY
STREET ADDRESS 9103 NW 38 DR
CITY-ST-ZIP CORAL SPRINGS FL

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

TITLE D DELETE
NAME LOZADA, MIGMELINA
STREET ADDRESS 9135 NW 38 DR
CITY-ST-ZIP CORAL SPRINGS FL

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

TITLE D DELETE
NAME CALES, ROBERTO
STREET ADDRESS 9145 NW 38 DR
CITY-ST-ZIP CORAL SPRINGS FL 33065

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

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-99
Date

(954) 752-4796
Daytime Phone #

CR2E037 (11/98)