

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90223 004 ****70.00

DOCUMENT # 738666

1. Corporation Name

DELRAY GOLF VIEW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

APT 6A
625 SW 20TH CT.
DELRAY BEACH FL 33445
US

Mailing Address

625 SW 20TH CT
APT 6A
DELRAY BCH FL 33445
US

223518 - 90223 - 4



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/13/1977

4. FEI Number

59-1806561

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

9. Name and Address of Current Registered Agent

WHEELER, ELIZABETH
625 S.W. 20TH COURT, #6A
DELRAY BEACH FL 33445

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 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

ELIZABETH WHEELER, RA + TREASURER

3-8-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME CARSON, SMITH R.
STREET ADDRESS 625 SW 20 CT, #7A
CITY-ST-ZIP DELRAY BEACH FL

TITLE SD ☐ DELETE
NAME KOEHLER, DOLORES, J
STREET ADDRESS 645 SW 20 CT #8C
CITY-ST-ZIP DELRAY BEACH FL

TITLE VPD ☐ DELETE
NAME HATFIELD, BRUCE J
STREET ADDRESS 4977 PINEVIEW CIR
CITY-ST-ZIP DELRAY BCH FL 33445

TITLE TD ☐ DELETE
NAME WHEELER, ELIZABETH
STREET ADDRESS 625 SW 20TH CT., #6A
CITY-ST-ZIP DELRAY BEACH FL

TITLE PD ☐ DELETE
NAME RUBIN, KENNTH
STREET ADDRESS 4251 BRANDON DR.
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE
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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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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:

ELIZABETH WHEELER

3-8-99 (561) 276-4723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)