

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 # **725842** (9)

1. Corporation Name

GOLF VIEW CLUB OF GULF STREAM, INC.

Principal Place of Business

**3883 GULFSTREAM ROAD
GULFSTREAM FL 33483-7467**

Mailing Address

**P O BOX 1451
DELRAY BEACH FL 33447-1451
US**



3. Date Incorporated or Qualified
03/19/1973

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FEI Number
59-1450701

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ELLIS, NANCY
3883 GULFSTREAM ROAD
GULFSTREAM FL 33483**

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

TITLE **DP** ☐ DELETE
NAME **SMART, JACKSON W**
STREET ADDRESS **3883 GULFSTREAM RD APT 25**
CITY-ST-ZIP **GULFSTREAM FL**

TITLE **DT** ☐ DELETE
NAME **OLAND, BRUCE**
STREET ADDRESS **3883 GULFSTREAM RD ATP 45**
CITY-ST-ZIP **GULFSTREAM FL**

TITLE **DVP** ☐ DELETE
NAME **WHITSELL, JANICE**
STREET ADDRESS **3883 GULFSTREAM RD ATP 4N**
CITY-ST-ZIP **GULFSTREAM FL**

TITLE **DS** ☒ DELETE
NAME **ELLIS, NANCY**
STREET ADDRESS **3883 GULFSTREAM RD ATP 2N**
CITY-ST-ZIP **GULFSTREAM FL**

TITLE **D** ☐ DELETE
NAME **DUFOR, KATHRYN J**
STREET ADDRESS **4333 N OCEAN BLVD., STE. 5AN**
CITY-ST-ZIP **GULFSTREAM FL**

TITLE **AT** ☐ DELETE
NAME **SINATRA, SHIRLEY**
STREET ADDRESS **2720 YALE LANE**
CITY-ST-ZIP **BOYNTON BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☒ Addition
42 NAME **DVP**
43 STREET ADDRESS **STONE, WALTER**
44 CITY-ST-ZIP **3883 GULFSTREAM RD APT 1N GULFSTREAM FL**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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 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:

Jackson W Smart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACKSON SMART

4/26/96
Date

407/278/1617
Telephone Number

CR2E037 (12/95)