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Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 03/19/1973	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 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
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 1997	
TITLE	DP	1.1 TITLE	DST BRINKER, RICHARD H.
NAME	SMART, JACKSON W	1.2 NAME	3883 GULFSTREAM RD
STREET ADDRESS	3883 GULFSTREAM RD APT 25	1.3 STREET ADDRESS	GULFSTREAM, FL 33483
CITY-ST-ZIP	GULFSTREAM FL	1.4 CITY-ST-ZIP	
TITLE	DT	2.1 TITLE	DIRECTOR ONLY
NAME	OLAND, BRUCE	2.2 NAME	
STREET ADDRESS	3883 GULFSTREAM RD ATP 45	2.3 STREET ADDRESS	
CITY-ST-ZIP	GULFSTREAM FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	
NAME	WHITSELL, JANICE	3.2 NAME	
STREET ADDRESS	3883 GULFSTREAM RD ATP 4N	3.3 STREET ADDRESS	
CITY-ST-ZIP	GULFSTREAM FL	3.4 CITY-ST-ZIP	
TITLE	DVP	4.1 TITLE	DIRECTOR/PRESIDENT
NAME	STONE, WALTER	4.2 NAME	
STREET ADDRESS	3883 GULFSTREAM RD APT 1N	4.3 STREET ADDRESS	
CITY-ST-ZIP	GULFSTREAM FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	DUFOR, KATHRYN J	5.2 NAME	
STREET ADDRESS	4333 N OCEAN BLVD., STE. 5AN	5.3 STREET ADDRESS	
CITY-ST-ZIP	GULFSTREAM FL	5.4 CITY-ST-ZIP	
TITLE	AT	6.1 TITLE	
NAME	SINATRA, SHIRLEY	6.2 NAME	
STREET ADDRESS	2720 YALE LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE **Richard H. Brinker Jr.** 3/13/97 766 0073

CR2E037 (9/96)