

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
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90199 039 ****61.25

0002920

DOCUMENT # 725842

1. Corporation Name

GOLF VIEW CLUB OF GULF STREAM, INC.

Principal Place of Business

3883 GULFSTREAM ROAD
GULFSTREAM FL 33483
US

Mailing Address

P O BOX 1132
BOYNTON BEACH FL 33425-132
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/19/1973

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-1450701

Applied For
Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees

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

SMITH, ERIK

82 Street Address (P.O. Box Number is Not Acceptable)

1171 NORTH OCEAN BLVD - OFFICE

83

84 City

GULF STREAM

FL

85 Zip Code

33483

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

4/8/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME BRINKER, RICHARD H
STREET ADDRESS 3883 GULFSTREAM ROAD
CITY-ST-ZIP GULFSTREAM FL

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
WILLIAMSON, ERIK
PD
3883 GULFSTREAM ROAD
GULFSTREAM, FL 33483

TITLE TD ☒ DELETE
NAME OLAND, BRUCE
STREET ADDRESS 3883 GULFSTREAM RD
CITY-ST-ZIP GULFSTREAM FL

2.1 TITLE TD ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
OLAND BRUCE
3883 GULFSTREAM RD
GULFSTREAM, FL 33483

TITLE SD ☒ DELETE
NAME WILLIAMSON, ERIC
STREET ADDRESS 3883 GULFSTREAM RD
CITY-ST-ZIP GULFSTREAM FL

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

TITLE D ☒ DELETE
NAME UPTON, SHIRLEY
STREET ADDRESS 3883 GULFSTREAM RD
CITY-ST-ZIP GULFSTREAM FL

4.1 TITLE VP ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
UPTON, SHIRLEY
3883 GULFSTREAM RD
GULFSTREAM, FL 33483

TITLE D ☒ DELETE
NAME STONE, MARGARET
STREET ADDRESS 3883 GULFSTREAM RD
CITY-ST-ZIP GULFSTREAM FL

5.1 TITLE SD ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
STONE, MARGARET
3883 GULFSTREAM RD
GULFSTREAM, FL 33483

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 16 1999 954-791-2600

CR2E037 (1/198)