## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 726298 (3)

GOLFVIEW TOWNHOUSES, INC.

						I 1881/1 (CEIN 1/E/A DIAN 1/A/A DIAN			
Principal Place of Business Mailing Address							#11 WHU14 WINDH W	### <b>#</b> ################################	OFI BISIN IOON
418 HOWARD A' LAKELAND FL 3		C/O LAKELAND PROPERTIES & MANAGEMENT. INC. 2000 E. EDGEWOOD DRIVE. SUITE 214 LAKELAND FL 33803-3648							
		Different 1E addo over				3. Date Incorporated or Qualified 05/01/1973	3e. Date 04	of Last R /11/19:	
	ace of Business	2a. Mailing Address			4. FEI Number			oplied For	
21		26			59-1977498 Not Applicable				
Suite, Apt.:	#, eic.	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required				
City & State	}	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip Country			8. This corporation has liability for lyttangible tax under s. 199.032,				
24	25	29	30			Florida Statutes X Yes No			
Name and Address of Current Registered Agent					Name	10. Name and Address of New Registered Agent			
4 4 14 4 WA	a damie sa			81	Name				
MILLER,	Mark n (e Morton Drive		82 Street Addre			ess (P.O. Box Number is Not Acceptat	ole)		
1	ID FL 33801		83				1.1.	<del>/</del>	
				84	City		FL	35 Zip	Code
11 Pursuant t	o the provisions of Sections 617.05	in2 and 617 1508. Florida Statu	ites the el	bove	a-named corn	poration submits this statement for the r		anoino i	ls registered
office or re	egistered agent, or both, in the State	te of Florida. Such change was	authorize	d by	the corporat	oration submits this statement for the plon's board of directors. I hereby acception's	ot the appoin	ment as	registered
	friamiliai with, and accept the oblig	gations of, Section 617.0005, F	iorida Stat	nipa	<b>.</b>				
SIGNATURE ,	Signature, typed or printed name of registered a	gent and title if applicable (NC	TE: Registere	d Age	nt signature requir	ed when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	, ,		1.1 Ti	TLE			L	Change	Addition
NAME	HOFFER, DOUGLAS R		1.2 N	1.2 NAME					
STREET ADDRESS			1.3 STREET ADDRESS		·				
CITY-ST-ZIP TITLE				1.4 CITY - ST - ZIP				Change	Addition
NAME			1	2.1 TITLE 2.2 NAME			<u> </u>	онице	ADDITION
STREET ADDRESS	HALL, ANNETTE 412-A HOWARD AVENUE			2.3 STREET ADDRESS					
CITY-ST-ZIP	LAKELAND FL 33801			2.4 CITY-ST-ZIP					
TITLE	VP XX DELETE					VP	L	Change	XX Addition
NAME	CHURCH, JOAN	3.21		3.2 NAME D		DOUGLAS, DAVID T.			
STREET ADDRESS	404-E HOWARD AVENUE		3.3 \$		ADDRESS 4	416C HOWARD AVENUE			
CITY - \$T - ZIP	LAKELAND FL 33801			HTY-S	ST-ZIP	LAKELAND, FL 33801			
TITLE	D	DELETE 4.11		TLE				Change	Addition
NAME	YOUNG, JOHN R		4. 2 h		İ				
STREET ADDRESS					ADDRESS	**			
CITY-S1-ZIP	LAKELAND FL 33801				T-ZIP			Change	Addition
TITLE			5.1 T				L	. VIMING	CT VOORDOUT
NAME CIRCI ADDDCCC			5.2 N		ADDRESS				
STREET ADDRESS  CITY-ST-ZIP					ADDRESS T-ZIP				
TITLE		DELETE	6.1 TI		, 611			Change	Addition
NAME		_	6.2 N		1			•	
STREET ADDRESS					ADDRESS				
			I		<sup>*</sup> [				

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.

() [] | DOUGLAS R. HOFFER

2/4/97

(941) 665-8575

**FILED** 

Feb 13 1997 8:00am

Secretary of State

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Daytime Phone # 0052640