FILE NOW: FILING FEE IS $61.25

FILED
Mar 22, 1999 8:00 am
Secretary of State
03-22-1999 90106 003 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 726298

1. Corporation Name

GOLFVIEW TOWNHOUSES, INC.

Principal Place of Business	Mailing Address
418 HOWARD AVENUE LAKELAND FL 33801	C/O LAKELAND PROPERTIES & MANAGEMENT, INC. 2000 E. EDGEWOOD DRIVE. SUITE 214 LAKELAND FL 33803

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	05/01/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1977498 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MILLER, MARK N
ONE LAKE MORTON DRIVE
LAKELAND FL 33801

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HOFFER, DOUGLAS R		1.2 NAME		
STREET ADDRESS	408-C HOWARD AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33801		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HALL, ANNETTE		2.2 NAME		
STREET ADDRESS	412-A HOWARD AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33801		2. 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CHURCH, JOAN		3.2 NAME		
STREET ADDRESS	404 E HOWARD AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33815		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	YOUNG, JOHN R		4. 2 NAME		
STREET ADDRESS	408 A HOWARD AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33801		4.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	5.1 TITLE	VP	☐ Change ☒ Addition
NAME	ATKINS, KENNETH		5.2 NAME	CHARLES D. PAULK	
STREET ADDRESS	408 B HOWARD AVE		5.3 STREET ADDRESS	404 A HOWARD AVENUE	
CITY-ST-ZIP	LAKELAND FL 33815		5.4 CITY-ST-ZIP	LAKELAND, FL 33815	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: SIGNATURE REQUIRED Douglas R Hoffer 4/13/99 686-7347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)