

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 # 728558 (8)

1. Corporation Name

GOLF INN TOWNHOUSE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

9101-9159 NW 38 DR
CORAL SPRINGS FL 33065
US

9365 W SAMPLER RD
SUITE 203-A
CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified
12/27/1973

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

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number

59-2032066

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

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

10. Name and Address of New Registered Agent

**VALLIERE, JOAN
9109 NW 38TH DR
CORAL SPRINGS FL 33065**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MORALES, MIGDALIA	
STREET ADDRESS	7998 NW 1ST ST	
CITY-ST-ZIP	MARGATE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	VALLIERE, JOAN	
STREET ADDRESS	9109 NW 38TH DR	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SANDERS, ROXANNE	
STREET ADDRESS	9127 NW 38TH DR	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MUNSON, JUDY	
STREET ADDRESS	9103 NW 38 DR	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CALES, ROBERTO	
STREET ADDRESS	9145 NW 38 DR	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VALLIERE, JOAN	
1.3 STREET ADDRESS	9101 NW 38th Dr., Coral Springs	
1.4 CITY-ST-ZIP		
2.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sanders, Roxanne	
2.3 STREET ADDRESS	9127 NW 38th Dr., Coral Springs	
2.4 CITY-ST-ZIP		
3.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Herman, Michael	
3.3 STREET ADDRESS	9107 NW 38th Dr., Coral Springs	
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Munson, Judy	
4.3 STREET ADDRESS	9103 NW 38th Dr., Coral Springs	
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Kandel, Thomas	
5.3 STREET ADDRESS	9157 NW 38th Dr., Coral Springs,	
5.4 CITY-ST-ZIP	Florida 33065	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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:

Joan Valliere

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/96

954-752-4796

Date

Telephone #

CR2E037 (12/95)