

FILE NOW: FILING FEE IS \$61.25

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Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **728558** (8)

1. Corporation Name
GOLF INN TOWNHOUSE ASSOCIATION, INC.



Principal Place of Business 9101-9159 NW 38 DR CORAL SPRINGS FL 33065 US	Mailing Address 9365 W. SAMPLER RD SUITE 203-A CORAL SPRINGS FL 33065-4150
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3. Date Incorporated or Qualified 12/27/1973	3a. Date of Last Report 03/05/1996
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2. Principal Place of Business 21	2a. Mailing Address 26 9365 W. SAMPLER ROAD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 SUITE 203
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

4. FEI Number 59-2032066	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent VALLIERE, JOAN 9109 NW 38TH DR CORAL SPRINGS FL 33065	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	VALLIERE, JOAN
STREET ADDRESS	9101 NW 38TH DRIVE
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	HERMAN, MICHAEL
STREET ADDRESS	9107 NW 38TH DRIVE
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	KANDEL, THOMAS
STREET ADDRESS	9157 NW 38TH DRIVE
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Lozada, Miguelina
5.3 STREET ADDRESS	9135 NW 38 DR
5.4 CITY-ST-ZIP	Coral Springs, FL 3
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Merritt, Nancy
6.3 STREET ADDRESS	9147 NW 38 Dr.
6.4 CITY-ST-ZIP	Coral Springs FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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* **BEQUIRED** 4/15/97 954-752-4796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0022313

CR2E037 (9/96)