

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
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90188 002 ****61.25

DOCUMENT # 728558

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 SAMPLE RD
SUITE 203
CORAL SPRINGS FL 33065
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/27/1973

4. FEI Number

59-2032066

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SAATHOFF, ANNE M.
9365 W. SAMPLE ROAD #203
CORAL SPRINGS FL 33065

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **VALLIERE, JOAN**
STREET ADDRESS **9101 NW 38TH DRIVE**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **TD** ☒ DELETE

NAME **HERMAN, MICHAEL**
STREET ADDRESS **9107 NW 38TH DRIVE**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **SD** ☐ DELETE

NAME **SANDERS, ROXANNE**
STREET ADDRESS **9127 NW 38TH DR**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **VPD** ☐ DELETE

NAME **MUNSON, JUDY**
STREET ADDRESS **9103 NW 38 DR**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **D** ☐ DELETE

NAME **LOZADA, MIGUELINA**
STREET ADDRESS **9135 NW 38 DR**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **D** ☒ DELETE

NAME **CALES, ROBERTO**
STREET ADDRESS **9145 NW 38 DR**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-99
Date

(954) 752-4796
Daytime Phone #

CR2E037 (11/98)