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 # 738618 (8)

1. Corporation Name

TOWNHOUSES OF GOLF VIEW HARBOUR CLUB, INC.

Principal Place of Business

% MICHAEL J. GELFAND
250 AUSTRALIAN AVENUE. #1010
WEST PALM BEACH FL 33401

Mailing Address

% MICHAEL J. GELFAND
250 AUSTRALIAN AVENUE. #1010
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified: 04/11/1977

3a. Date of Last Report: 03/06/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-1755140 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GELFAND, MICHAEL J.
ONE CLEARLAKE CENTRE, SUITE 1010
250 AUSTRALIAN AVE SOUTH
WEST PALM BEACH FL 33401

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	VD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	SCOTT, MARK		1.2 NAME	Jacobucci, Marie	
STREET ADDRESS	2702 YALE LN		1.3 STREET ADDRESS	1416 Oxford Lane	
CITY-ST-ZIP	BOYNTON BCH FL		1.4 CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	PD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	MURRAY, KATHLEEN R		2.2 NAME	Notar, Al	
STREET ADDRESS	1423 OXFORD LN.		2.3 STREET ADDRESS	1423 Princeton Lane	
CITY-ST-ZIP	BOYNTON BCH FL		2.4 CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	TD	☒ DELETE	3.1 TITLE	TD	☐ Change ☒ Addition
NAME	SNITKIN, MICHAEL		3.2 NAME	Wiwczaroski, Edic	
STREET ADDRESS	2712 YALE LN		3.3 STREET ADDRESS	1422 Harvard Lane	
CITY-ST-ZIP	BOYNTON BCH FL		3.4 CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	SD	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	NOLLI, VALERIE		4.2 NAME	Ledesma, Byron	
STREET ADDRESS	1427 HARVARD LANE		4.3 STREET ADDRESS	1427 Harvard Lane	
CITY-ST-ZIP	BOYNTON BEACH FL		4.4 CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	D	☒ DELETE	5.1 TITLE	SD	☐ Change ☒ Addition
NAME	NEE, JOSEPH P		5.2 NAME	Marasco, Tammie	
STREET ADDRESS	1421 OXFORD LN.		5.3 STREET ADDRESS	2708 Yale Lane	
CITY-ST-ZIP	BOYNTON BCH. FL		5.4 CITY-ST-ZIP	Boynton Beach, FL 33426	
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		

CR2E037 (12/95)

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: X Marie Jacobucci Pres 4-23-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #