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Mar 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 738618 (8)
1. Corporation Name
TOWNHOUSES OF GOLF VIEW HARBOUR CLUB, INC.

Principal Place of Business

Mailing Address

% MICHAEL J. GELFAND
250 AUSTRALIAN AVENUE, #1010
WEST PALM BEACH FL 33401% MICHAEL J. GELFAND
250 AUSTRALIAN AVENUE, #1010
WEST PALM BEACH FL 33401-50073. Date Incorporated or Qualified
04/11/19773a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Keith Meisel, P.A.

26 c/o Keith Meisel, P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 712 US HWY. 1, STE 230

27 712 US HWY 1, STE 230

City & State

City & State

23 NO. PALM BCH FL 33408

28 NO. PALM BCH FL 33408

Zip

Zip

Country

Country

24 USA

29 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Atty. Keith Meisel

82 Street Address (P.O. Box Number is Not Acceptable)

712 U.S. Highway One, Ste. 230

83

84 City

North Palm Beach

FL

85 Zip Code
33408

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 617.0603, 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 PD
NAME JACOBUCCI, MARIE
STREET ADDRESS 1416 OXFORD LANE
CITY-ST-ZIP BOYNTON BCH FL1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VD
NAME NOTAR, AL
STREET ADDRESS 1423 PRINCETON LANE
CITY-ST-ZIP BOYNTON BCH FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE TD
NAME WIWCZAROSKI, EDIE
STREET ADDRESS 1422 HARVARD LANE
CITY-ST-ZIP BOYNTON BCH FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D
NAME LEDESMA, BYRON
STREET ADDRESS 1427 HARVARD LANE
CITY-ST-ZIP BOYNTON BEACH FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE SD
NAME MARASCO, TAMMIE
STREET ADDRESS 2708 YALE LANE
CITY-ST-ZIP BOYNTON BCH. FL5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0/6/97

661-864-0030

CR2E037 (9/96)