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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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	Mailing Address
% D. F. Gouvert, Enterprises 660 W. Linton Blvd Delray Beach, Fl 33444	D.F. Gouvert Enter. Inc. 660 W. Linton Blvd Delray Bch, Fl 33444

3. Date Incorporated or Qualified: 4-11-97
3a. Date of Last Report: 2-3-97

2. Principal Place of Business
21 Marie Jocobucci
Suite, Apt. #, etc.: 22 1416 Oxford Ln
City & State: 23 Boynton Bch, Fl
Zip: 24 33426 Country: 25 USA

2a. Mailing Address
26 % Gouvert Enterprises
Suite, Apt. #, etc.: 27 660 W. Linton Blvd
City & State: 28 Delray Beach FL
Zip: 29 33444 Country: 30 USA

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

Atty Keith Meisel
712 U S Highway One St 230
North Palm Beach, Fl 33408

10. Name and Address of New Registered Agent

81 Name: D. F. Gouvert Enterprises, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 660 W. Linton Blvd
83 Suite 202
84 City: Delray Beach **FL** 85 Zip Code: 33444

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: Dolores F. Gouvert — Dolores F. Gouvert 1/15/98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Jacobucci, Marie 1416 Oxford Lane Boynton Beach, Fl 33426 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Notar, Al 1416 Princeton Lane Boynton Beach, Fl 33426 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Notarmuniz, Al 1416 Princeton Lane Boynton Beach, Fl 33426 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Steve Brown 1420 Oxford Lane Boynton Beach, FL 33426 XX DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TD Taylor, Barbara 1418 Harvard Lane Boynton Beach, Fl 33426 ☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ledesma, Byron 1427 Harvard Lane Boynton Beach, Fl 33426 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	VD Ledesma, Byron 1427 Harvard Lane Boynton Beach, Fl 33426 XXX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Marasco, Tammie 2708 Yale Ln Boynton Beach, Fl 33426 XXX DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	SD Coughanour, Susan 2726 Yale Lane Boynton Beach, Fl 33426 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	600002424546, -02/09/98--01010--006 ***61.25 ☐ Change ☐ Addition

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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: Townhouses of Golf View Harbour Club, Inc
Marie Jacobucci, Pres. Marie E. Jacobucci, Pres 1-28-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #