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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738618

558318 - 90024 - 35 8

1. Corporation Name
TOWNHOUSES OF GOLF VIEW HARBOUR CLUB, INC.

Principal Place of Business	Mailing Address
MARIE JOCOBUCCI 1416 OXFORD LN BOYNTON BCH FL 33426 US	% GOUVERT ENTERPRISES 660 W. LINTON BLVD DELRAY BEACH FL 33444 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/11/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1755140 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
D. F. GOUVERT ENTERPRISES, INC. 660 W. LINTON BLVD SUITE 202 DELRAY BEACH FL 33444	81 Name: David Pugh 82 Street Address (P.O. Box Number is Not Acceptable): M. J. Gallup Accounting 83 235 NE 6th Ave, Suite D 84 City: Delray Beach FL 85 Zip Code: 33483

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]
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	☒ DELETE	1.1 TITLE	PRES PD — William Spies Pres	☐ Change ☒ Addition
NAME	JACOBUCCI, MARIE		1.2 NAME	2722 Yale Lane	
STREET ADDRESS	1416 OXFORD LANE		1.3 STREET ADDRESS	Boynton Beach, Fl.	
CITY-ST-ZIP	BOYNTON BCH FL		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	SD — Secretary	☐ Change ☒ Addition
NAME	NOTARMUNIZ, AL		2.2 NAME	Bart Caso	
STREET ADDRESS	1423 PRINCETON LANE		2.3 STREET ADDRESS	1418 Oxford Lane	
CITY-ST-ZIP	BOYNTON BCH FL		2.4 CITY-ST-ZIP	Boynton Beach, Fl.	
TITLE	TD	☒ DELETE	3.1 TITLE	TD — Treasurer	☐ Change ☒ Addition
NAME	TAYLOR, BARBARA		3.2 NAME	Kathleen Stanley	
STREET ADDRESS	1418 HARVARD LANE		3.3 STREET ADDRESS	1439 Princeton Lane	
CITY-ST-ZIP	BOYNTON BEACH FL 33426		3.4 CITY-ST-ZIP	Boynton Beach, Fl.	
TITLE	VD	☒ DELETE	4.1 TITLE	D — Director	☐ Change ☒ Addition
NAME	LEDESMA, BYRON		4.2 NAME	Robert Clinger	
STREET ADDRESS	1427 HARVARD LANE		4.3 STREET ADDRESS	1406 Oxford Lane	
CITY-ST-ZIP	BOYNTON BEACH FL		4.4 CITY-ST-ZIP	Boynton Beach, Fl.	
TITLE	SD	☐ DELETE	5.1 TITLE	VD — Vice Pres.	☒ Change ☐ Addition
NAME	CAUGHANOUR, SUSAN		5.2 NAME	Coughanour, Susan	
STREET ADDRESS	2726 YALE LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33426		5.4 CITY-ST-ZIP		
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		

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: W. [signature] (President) 04-15-99 561-276-6506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)