

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90043 012 ****61.25

DOCUMENT # 738618

1. Entity Name
TOWN HOUSES OF GOLF VIEW HARBOUR CLUB, INC.

Principal Place of Business Mailing Address
 Townhouses of Golfview Harbour Club, Inc. c/o M.J. Gallup Accounting
 1416 Oxford Lane 235 NE 6th Ave., Suite D
 Boynton Beach, FL 33426 Delray Beach, FL 33483

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

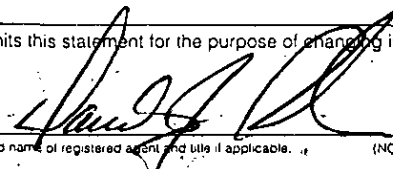
City & State City & State
 Zip Country Zip Country

4. FEI Number 59-1755140
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 David Pugh
 235 NE 6th Avenue, Suite D
 Delray Beach, FL 33483

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
 SIGNATURE  DATE

FILE NOW
 FEE IS \$61.25
 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
 Make Check Payable to Department of State

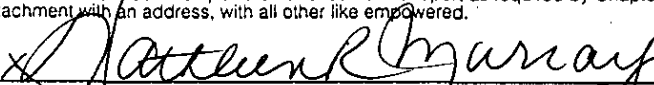
10. OFFICERS AND DIRECTORS

TITLE	President	☐ Delete
NAME	Cynthia Serlo	
STREET ADDRESS	2712 Yale Lane	
CITY-ST-ZIP	Boynton Bch, FL 33426	
TITLE	Vice President	☐ Delete
NAME	Steven Braun	
STREET ADDRESS	2722 Yale Lane	
CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	Treasurer	☐ Delete
NAME	Bart Caso	
STREET ADDRESS	1418 Oxford Lane	
CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	Secretary	☐ Delete
NAME	Kathleen Murray	
STREET ADDRESS	1423 Oxford Lane	
CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	Director	☐ Delete
NAME	Mark Scott	
STREET ADDRESS	2702 Yale Lane	
CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  x 8/28/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary Date Daytime Phone #