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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752184 (2)

1. Corporation Name
GREEN VIEW CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
% STERLING MGMT INC 1301 SEMINOLE SUITE 172 LARGO FL 34640 US
% STERLING MGMT INC. 1301 SEMINOLE BLVD., SUITE 172 LARGO FL 33770-8113 US

3. Date Incorporated or Qualified 04/25/1980
3a. Date of Last Report 03/06/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number 59-2040992
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
LECLERC, THERESE C.
1301 SEMINOLE
SUITE 172
LARGO FL 34640

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 *Therese C. Leclerc* THERESE C. LECLERC L.C.A.M. 1/20/97
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GOOD, CLARE	
STREET ADDRESS	1001 TARTAN DRIVE #307	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	KING, EARL	
STREET ADDRESS	1001 TARTAN DR #201	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MALLOY, RAY	
STREET ADDRESS	1001 TARTAN DRIVE #309	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MINGIONE, MARIE	
STREET ADDRESS	1001 TARTAN DR #103	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PARKER, RAY	
STREET ADDRESS	1001 TARTAN DRIVE #102	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VD: KITTY BLACKWOOD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	1001 TARTAN DR #306
3.3 STREET ADDRESS	PALM HARBOR, FL 34684
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Clare Good* PRESIDENT 1/20/97 (813) 285-7520
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0049659

CR2E037 (9/96)