

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **752393** (9)

1. Corporation Name

**GOLFWOOD OF THE CALIFORNIA CLUB HOMEOWNERS ASSOCIATION III, INC.**



Principal Place of Business

Mailing Address

% SUN DECK CORP.  
1100 S. STATE ROAD 7, SUITE 100  
MARGATE FL 33068

% SUN DECK CORP.  
1100 S. STATE ROAD 7, SUITE 100  
MARGATE FL 33068

3. Date Incorporated or Qualified

**05/07/1980**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **Sunvest Management, Inc.**

26 **Sunvest Management, Inc.**

4. FEI Number

**59-2066090**

Applied For

Not Applicable

22 **441 S. St. Rd. 7 #4**

27 **441 S. St. Rd. 7 #4**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

23 **Margate, FL**

28 **Margate, FL**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

24 **33068**

29 **33068**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUNVEST MANAGEMENT SERVICE CORP.**  
**1100 S. STATE ROAD 7, SUITE 100**  
**MARGATE FL 33068**

81 Name

**Sunvest Management, Inc.**

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

**441 S. State Rd. 7, #4**

83

84 City

**Margate**

**FL**

85 Zip Code

**33068**

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, 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 ☐ DELETE  
NAME **D**  
STREET ADDRESS **LAWRENCE, SARA**  
CITY-ST-ZIP **20590 NE 6TH CT N. MIAMI BEACH FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **SD**  
STREET ADDRESS **NORRIS, ROBERT**  
CITY-ST-ZIP **20594 NE 6TH CT. N. MIAMI BEACH FL**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **2nd VP**  
2.3 STREET ADDRESS **NORRIS, ROBERT**  
2.4 CITY-ST-ZIP **20594 NE 6TH CT N. MIAMI BEACH, FL**

TITLE ☐ DELETE  
NAME **VPD**  
STREET ADDRESS **SMITH, WILLIAM**  
CITY-ST-ZIP **20500 NE 6TH CT. N. MIAMI BEACH FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **GORDON, KENNETH**  
CITY-ST-ZIP **20558 NE 6TH CT N. MIAMI BEACH FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **TD**  
STREET ADDRESS **SWIFT, MAURICE**  
CITY-ST-ZIP **20612 N.E. 6TH CT. N. MIAMI BEACH FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/19/96**

Date

Daytime Phone #

CR2E037 (12/95)