

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 # **757310** (8)

1. Corporation Name

GOLF VIEW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2727 GOLF LAKE CIRCLE
MELBOURNE FL 32935
US**

**2727 GOLF LAKE CIRCLE
MELBOURNE FL 32935
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRICE, RALPH L.
2720 GOLF LAKE CIRCLE UNIT 114
MELBOURNE FL 32935**

81 Name

KOENIG, SELWYN

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

2720 GOLF LAKE CIRCLE # 113

83

84 City

MELBOURNE,

FL

85 Zip Code
32935

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

Selywn Koenig

SELYWN KOENIG

1-18-96

Signature typed or printed name of registered agent and state 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
NAME **PRICE, RALPH L.**
STREET ADDRESS **2720 GOLF LAKE CIRCLE #114**
CITY-ST-ZIP **MELBOURNE FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **KOENIG, SELWYN**
1.3 STREET ADDRESS **2720 GOLF LAKE CIRCLE # 113**
1.4 CITY-ST-ZIP **MELBOURNE, FLORIDA 32935**

TITLE **VPD** ☐ DELETE
NAME **BLUMENTHAL, THEODORE**
STREET ADDRESS **2748 GOLF LAKE CIRCLE UNIT 812**
CITY-ST-ZIP **MELBOURNE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **PRICE, BERNICE M.**
STREET ADDRESS **2720 GOLF LAKE CIRCLE UNIT 114**
CITY-ST-ZIP **MELBOURNE FL**

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

TITLE **SD** ☐ DELETE
NAME **MIROLSKY, CLAIRE**
STREET ADDRESS **2345 GOLF LAKE CIRCLE UNIT 914**
CITY-ST-ZIP **MELBOURNE FL**

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

TITLE **VPD** ☒ DELETE
NAME **BYARS, JAMES**
STREET ADDRESS **698 JACKSON CT**
CITY-ST-ZIP **SATELLITE BEACH FL**

5.1 TITLE **VPD** ☒ Change ☐ Addition
5.2 NAME **SCHEIN, DONALD**
5.3 STREET ADDRESS **2748 GOLF LAKE CIRCLE # 814**
5.4 CITY-ST-ZIP **MELBOURNE, FLORIDA 32935**

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:

BERNICE M. PRICE TREASURER

Bernice M. Price

1-18-96

407-242-5850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)