


FILE NOW: FILING FEE IS \$61.25

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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **757310** (8)

1. Corporation Name

GOLF VIEW CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	
2727 GOLF LAKE CIRCLE MELBOURNE FL 32935 US		2727 GOLF LAKE CIRCLE MELBOURNE FL 32935 US		03/31/1981	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		59-2078213	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Koenig, Selwyn 2720 GOLF LAKE CIRCLE, #113 MELBOURNE FL 32935		81 Name Theodore Blumenthal 82 Street Address (P.O. Box Number is Not Acceptable) 2748 Golf Lake Circle Apt# 812 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 Theodore Blumenthal Theodore Blumenthal 1/9/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOENIG, SELWYN	1.2 NAME	Theodore Blumenthal
STREET ADDRESS	2720 GOLF LAKE CIRCLE, #113	1.3 STREET ADDRESS	2748 Golf Lake Circle #812
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	Melbourne FL
TITLE	DVP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEWELL, GERALDINE	2.2 NAME	Samuel E. Hoenstine
STREET ADDRESS	2345 GOLF LAKE CIR., #913	2.3 STREET ADDRESS	2696 Golf Lake Circle #322
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	Melbourne FL
TITLE	DT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRYER, NANCY	3.2 NAME	Donald Schein
STREET ADDRESS	2369 GOLF LAKE CITY, #712	3.3 STREET ADDRESS	2748 Golf Lake Circle #814
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	Melbourne FL
TITLE	DVP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGOURTY, JOAN	4.2 NAME	Victoria Chadbourne
STREET ADDRESS	2334 GOLF LAKE CIR., #413	4.3 STREET ADDRESS	2748 Golf Lake Circle #813
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	Melbourne FL
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Myron P. Pidlyski
STREET ADDRESS		5.3 STREET ADDRESS	2709 Golf Lake Circle #1521
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Melbourne FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE Theodore Blumenthal Theodore Blumenthal 1/9/98 407 242 1044
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/97)