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Secretary of State

03-11-1999 90001 011 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 757310

1. Corporation Name

GOLF VIEW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2727 GOLF LAKE CIRCLE
 MELBOURNE FL 32935
 US

Mailing Address

2727 GOLF LAKE CIRCLE
 MELBOURNE FL 32935
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 BREVARD

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30 BREVARD

3. Date Incorporated or Qualified

03/31/1981

4. FEI Number

59-2078213

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

9. Name and Address of Current Registered Agent

BLUMENTHAL, THEODORE
 2748 GOLF LAKE CIRCLE, APT 812
 MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name
 Selwyn Koenig

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

2720 Golf Lake Circle APT 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

Selwyn Koenig

(NOTE: Registered Agent signature required when reinstating)

3-4-99
 DATE

12. OFFICERS AND DIRECTORS

TITLE DP
 NAME BLUMENTHAL, THEODORE
 STREET ADDRESS 2748 GOLF LAKE CIRCLE, #812
 CITY-ST-ZIP MELBOURNE FL ☒ DELETE

TITLE DVP
 NAME HOENSTINE, SAMUEL E
 STREET ADDRESS 2696 GOLF LAKE CIRCLE, #322
 CITY-ST-ZIP MELBOURNE FL ☒ DELETE

TITLE DVP
 NAME SCHEIN, DONALD
 STREET ADDRESS 2748 GOLF LAKE CIRCLE, #814
 CITY-ST-ZIP MELBOURNE FL ☒ DELETE

TITLE DT
 NAME CHADBOURNE, VICTORIA
 STREET ADDRESS 2748 GOLF LAKE CIRCLE, #813
 CITY-ST-ZIP MELBOURNE FL ☒ DELETE

TITLE DS
 NAME PIDLYSKI, MYRON P
 STREET ADDRESS 2709 GOLF LAKE CIRCLE, #1521
 CITY-ST-ZIP MELBORUNE FL ☒ DELETE

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☐ Change ☒ Addition
 1.2 NAME Selwyn Koenig
 1.3 STREET ADDRESS 2720 Golf Lake Circle, #113
 1.4 CITY-ST-ZIP Melbourne, FL 32935

2.1 TITLE DVP ☐ Change ☒ Addition
 2.2 NAME Eugene Rockford
 2.3 STREET ADDRESS 2709 Golf Lake Circle, #1514
 2.4 CITY-ST-ZIP Melbourne, FL 32935

3.1 TITLE DVP ☐ Change ☒ Addition
 3.2 NAME Claire Mirolsky
 3.3 STREET ADDRESS 2345 Golf Lake Circle, #914
 3.4 CITY-ST-ZIP Melbourne, FL 32935

4.1 TITLE DS ☐ Change ☒ Addition
 4.2 NAME Randall S. Cox
 4.3 STREET ADDRESS 2323 Golf Lake Circle, #1113
 4.4 CITY-ST-ZIP Melbourne, FL 32935

5.1 TITLE DT ☐ Change ☒ Addition
 5.2 NAME Marion B. Baker
 5.3 STREET ADDRESS 2709 Golf Lake Circle, #1511
 5.4 CITY-ST-ZIP Melbourne, FL 32935

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE: *Marion B. Baker* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-99 407-253-5700
 Date Daytime Phone #

CR2E037 (11/98)