FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

A96 000001692

(1)

LIMITED PARTNERSHIP ANNUAL REPORT
1997

FILED
96 SEP 20 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership	1a. DOCUMENT #
GOLFVIEW APARTMENTS ASSOCIATES, LTD.	A96000001692

97 AR
CM

Mailing Address	Principal Office Address
2281 Lee Road Suite 206 Winter Park, FL 32789	(same)

2. Mailing Address	2a. Principal Office Address
2281 Lee Road	
Suite, Apt. #, etc.: Suite 206	Suite, Apt. #, etc.
City & State: Winter Park, FL	City & State
Zip: 32789 Country	Zip Country

3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
9/11/96	$100.00
3a. Date of Last Report: N/A	**5b.** Amount of Capital Contributions in FLORIDA to date: $100.00
4. State or Country of Formation: FL	

6. FEI Number: Applied For ☒ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
Cavanaugh, Thomas L. 2281 Lee Road Suite 206 Winter Park, FL 32789	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City: FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
P.A.C. Land Development Corporation	2281 Lee Road, Suite 206	Winter Park, FL 32789	J67193

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

P.A.C. LAND DEVELOPMENT CORPORATION, General Partner

SIGNATURE By: _____ DATE 9/16/96

Typed or Printed Name of General Partner Signing Form: Thomas L. Cavanaugh, Vice President Daytime Telephone Number (407) 628-3065

CR2E003 (6/96)

1201 HAYS STREET
TALLAHASSEE, FL 32301-2607
904-222-9171
800-342-8086

(2)

A96000001692

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TALLAHASSEE, FLORIDA

csc networks
PRENTICE HALL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 092997 4303929

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 191.25

ORDER DATE : September 20, 1996

900001953089

ORDER TIME : 10:08 AM

ORDER NO. : 092997

CUSTOMER NO: 4303929

CUSTOMER: Esther J. Forbes, Legal Asst
Greenberg Traurig Hoffman
20th Floor
1221 Brickell Avenue
Miami, FL 33131-3238

ANNUAL REPORT FILING

NAME: GOLFVIEW APARTMENTS ASSOCIATES LTD.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Maria I. Newport

EXAMINER'S INITIALS: BK

4/20/96