

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 # N00004

(4)

1. Corporation Name

GREENVIEW COVE GOLF CLUB, INC.



Principal Place of Business

Mailing Address

2470 GREENVIEW COVE DRIVE  
WEST PALM BEACH FL 33414

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WEST PALM BEACH FL 33414

3. Date Incorporated or Qualified  
11/22/1983

3a. Date of Last Report  
04/05/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2430482

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

24

25

Country

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEIDLER LADWIG, PATTI  
1645 PALM BEACH LAKES BLVD.  
SUITE 640  
WEST PALM BEACH FL 33401

81 Name

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

83

84 City

FL

85 Zip Code

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 PD  
NAME SCHWARTZ, BERNARD  
STREET ADDRESS 11861 DONLIN DR  
CITY-ST-ZIP WELLINGTON FL

☒ DELETE

TITLE TD  
NAME BLECHER, SAUL  
STREET ADDRESS 12805 GUILFORD CIR  
CITY-ST-ZIP WELLINGTON FL

☐ DELETE

TITLE VPD  
NAME SCHONBERG, RALPH  
STREET ADDRESS 129 RAMBLEWOOD CIR  
CITY-ST-ZIP ROYAL PALM BEACH FL

☒ DELETE

TITLE S  
NAME KLEIN, BERNICE  
STREET ADDRESS 2711 NEATON CT  
CITY-ST-ZIP WELLINGTON FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE President PD  
1.2 NAME Carroll Hillsberg  
1.3 STREET ADDRESS 12625 White Coral Dr.  
1.4 CITY-ST-ZIP Wellington, FL 33414

☐ Change

☒ Addition

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

☐ Change

☐ Addition

3.1 TITLE Vice President VPD  
3.2 NAME Robert Dethlefs  
3.3 STREET ADDRESS 1707 Dorchester Place  
3.4 CITY-ST-ZIP Wellington, FL 33414

☐ Change

☒ Addition

4.1 TITLE Secretary SD  
4.2 NAME Susan Mach  
4.3 STREET ADDRESS 1401 Wyndcliff Drive  
4.4 CITY-ST-ZIP Wellington, FL 33414

☐ Change

☒ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS 900001753099  
5.4 CITY-ST-ZIP -03/21/96--01085--022

☐ Change

☐ Addition

6.1 TITLE \*\*\*61.25  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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: Carroll Hillsberg, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

3-21-1996