FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 MAR 16 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07150 (8)

1. Corporation Name

GOLFVIEW OF CAPRI CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
924-A CAPRI ISLES BLVD. VENICE FL 34292	924-A CAPRI ISLES BLVD. VENICE FL 34292

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/16/1985
3a. Date of Last Report: 04/07/1994
4. FEI Number: 59-2828535 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

EVERTZ, KARL
918 CAPRI ISLES BLVD
S208
VENICE FL 34292

10. Name and Address of New Registered Agent

81 Name: LARRY OSBURN
82 Street Address (P.O. Box Number is Not Acceptable): 918 CAPRI Isles BLVd.
83: UNIT #108
84 City: Venice FL 85 Zip Code: 34292

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: LARRY Osburn T.D. — Larry Osburn — 3/13/95
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	1.1 TITLE	P. D. ☒ Change ☐ Addition
NAME	EVERTZ, KARL	1.2 NAME	DUNCAN, LLOYD
STREET ADDRESS	918 CAPRI ISLES BLVD S208	1.3 STREET ADDRESS	926 CAPRI Isles BLVd. - UNIT 225
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	Venice, FLORIDA 34292
TITLE	VPD	2.1 TITLE	V.P.D. ☒ Change ☐ Addition
NAME	DUNCAN, LLOYD	2.2 NAME	CULBERT, Rose
STREET ADDRESS	926 CAPRI ISLES BLVD S225	2.3 STREET ADDRESS	920 CAPRI Isles BLVd. - UNIT 110
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	Venice, FLORIDA 34292
TITLE	TD	3.1 TITLE	T.D. ☒ Change ☐ Addition
NAME	STINSON, GLENN	3.2 NAME	OSBURN, LARRY
STREET ADDRESS	918 CAPRI ISLES BLVD #106	3.3 STREET ADDRESS	918 CAPRI Isles BLVd. - UNIT #108
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	Venice, FLORIDA 34292
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	SCHAFER, ROBERT	4.2 NAME	
STREET ADDRESS	918 CAPRI ISLES BLVD #127	4.3 STREET ADDRESS	← (SAME)
CITY-ST-ZIP	VENICE FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	S.D. ☒ Change ☐ Addition
NAME	CLARK, CHARLES	5.2 NAME	ZOLFO, MICHEAL
STREET ADDRESS	918 CAPRI ISLES BLVD S206	5.3 STREET ADDRESS	918 CAPRI Isles BLVd. - UNIT 209
CITY-ST-ZIP	VENICE FL	5.4 CITY-ST-ZIP	Venice, FLORIDA
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: X Larry Osburn (LARRY OSBURN) — X 3/13/95 — X 813-444-6991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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