

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

FILED
Mar 08 1996 8:00 am
Secretary of State

DOCUMENT # N07150 (8)
1. Corporation Name
GOLFVIEW OF CAPRI CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 924-A CAPRI ISLES BLVD. VENICE FL 34292		Mailing Address 924-A CAPRI ISLES BLVD. VENICE FL 34292	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 01/16/1985		3a. Date of Last Report 03/16/1995	
4. FEI Number 59-2828535		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent OSBURN, LARRY 918 CAPRI ISLES BLVD UNIT 108 VENICE FL 34292		10. Name and Address of New Registered Agent 81 Name HUBBARD THERESA 82 Street Address (P.O. Box Number is Not Acceptable) 926 CAPRI ISLES BLVD. 83 UNIT 123 84 City VENICE, FL 85 Zip Code FL 34292	

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 Theresa A. Hubbard (NOTE: Registered Agent signature required when reinstating) DATE 3-5-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNCAN, LLOYD	1.2 NAME	ZOLFO MICHAEL
STREET ADDRESS	926 CAPRI ISLES BLVD., UNIT 225	1.3 STREET ADDRESS	918 CAPRI ISLES BLVD. UNIT 207
CITY - ST - ZIP	VENICE FL	1.4 CITY - ST - ZIP	VENICE FL 34292
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULBERT, ROSE	2.2 NAME	PROUT WILLIAM
STREET ADDRESS	920 CAPRI ISLES BLVD., UNIT 110	2.3 STREET ADDRESS	918 CAPRI ISLES BLVD. UNIT 205
CITY - ST - ZIP	VENICE FL	2.4 CITY - ST - ZIP	VENICE FL 34292
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSBURN, LARY	3.2 NAME	HUBBARD THERESA
STREET ADDRESS	918 CAPRI ISLES BLVD., UNIT 108	3.3 STREET ADDRESS	926 CAPRI ISLES BLVD. UNIT 123
CITY - ST - ZIP	VENICE FL	3.4 CITY - ST - ZIP	VENICE FL 34292
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAFER, ROBERT	4.2 NAME	CULBERT ROSE
STREET ADDRESS	918 CAPRI ISLES BLVD #127	4.3 STREET ADDRESS	920 CAPRI ISLES BLVD. UNIT 110
CITY - ST - ZIP	VENICE FL	4.4 CITY - ST - ZIP	VENICE FL 34292
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOLFO, MICHAEL	5.2 NAME	SPATZ LAWRENCE
STREET ADDRESS	918 CAPRI ISLES BLVD., UNIT 207	5.3 STREET ADDRESS	924 CAPRI ISLES BLVD. UNIT 222
CITY - ST - ZIP	VENICE FL	5.4 CITY - ST - ZIP	VENICE FL 34292
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 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: Theresa A. Hubbard THERESA A. HUBBARD 3-5-96 941-483-1927

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)