

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 11 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # N07150 (8)
1. Corporation Name
GOLFVIEW OF CAPRI CONDOMINIUM ASSOCIATION, INC.Principal Place of Business
824-A CAPRI ISLES BLVD.
VENICE FL 34292Mailing Address
824-A CAPRI ISLES BLVD.
VENICE FL 34292-44863. Date Incorporated or Qualified
01/16/19853a. Date of Last Report
03/08/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

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 Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUBBARD, THERESA
926 CAPRI ISLES BLVD
UNIT 123
VENICE FL 34292

81 Name QUINLAN, ROBERT G.

82 Street Address (P.O. Box Number is Not Acceptable)
918 CAPRI ISLES BLVD #108

83

84 City VENICE FL 85 Zip Code 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: ROBERT G. QUINLAN, THERESA, Robert G. Quinlan 3/5/97

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 ZOLFO, MICHAEL
STREET ADDRESS 918 CAPRI ISLES BLVD UNIT 207
CITY-ST-ZIP VENICE FL1.1 TITLE PD
1.2 NAME PRUT, WILLIAM
1.3 STREET ADDRESS 918 CAPRI ISLES BLVD #205
1.4 CITY-ST-ZIP VENICE FL 34292TITLE VPD
NAME PRUT, WILLIAM
STREET ADDRESS 918 CAPRI ISLES BLVD UNIT 205
CITY-ST-ZIP VENICE FL2.1 TITLE VPD
2.2 NAME LANG, WILLIAM
2.3 STREET ADDRESS 924 CAPRI ISLES BLVD #220
2.4 CITY-ST-ZIP VENICE FL 34292TITLE TD
NAME HUBBARD, THERESA
STREET ADDRESS 926 CAPRI ISLES BLVD UNIT 123
CITY-ST-ZIP VENICE FL3.1 TITLE TD
3.2 NAME QUINLAN, ROBERT G.
3.3 STREET ADDRESS 918 CAPRI ISLES BLVD #108
3.4 CITY-ST-ZIP VENICE FL 34292TITLE SD
NAME CULBERT, ROSE
STREET ADDRESS 920 CAPRI ISLES BLVD UNIT 110
CITY-ST-ZIP VENICE FL4.1 TITLE SD
4.2 NAME STEPHANO, MARY
4.3 STREET ADDRESS 926 CAPRI ISLES BLVD #130
4.4 CITY-ST-ZIP VENICE FL 34292TITLE SD
NAME SPATZ, LAWRENCE
STREET ADDRESS 924 CAPRI ISLES BLVD UNIT 222
CITY-ST-ZIP VENICE FL5.1 TITLE SD
5.2 NAME STEVENS, KATHLEEN
5.3 STREET ADDRESS 920 CAPRI ISLES BLVD #210
5.4 CITY-ST-ZIP VENICE FL 34292TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: ROBERT G. QUINLAN, THERESA, Robert G. Quinlan 3/5/97 941-484-2126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0084670

CR2E037 (9/96)