

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 # N11171 (8)

1. Corporation Name

GOLF VIEW TERRACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2196 KNOX MCRAE, UNIT H
TITUSVILLE FL 32780

2196 KNOX MCRAE, UNIT H
TITUSVILLE FL 32780

3. Date Incorporated or Qualified
09/20/1985

3a. Date of Last Report
03/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIFFORD, BEVERLY
2196 KNOX MCRAE
UNIT H
TITUSVILLE FL 32780

81 Name

TALBERT, HARVEY

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

4190 HICKORY LAKE COURT

83

84 City

TITUSVILLE

FL

85 Zip Code

32780

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

Harvey Talbert
Signature, typed or printed name of registered agent and title if applicable.

TRES.

(NOTE: Registered Agent signature required when reinstating)

MARCH 17/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MCKINLEY, MILO
STREET ADDRESS P.O. BOX 1028 N/A
CITY-ST-ZIP TITUSVILLE FL 32781 ☒ DELETE

1.1 TITLE PD
1.2 NAME TALBERT, HARVEY
1.3 STREET ADDRESS 4190 HICKORY LAKE COURT
1.4 CITY-ST-ZIP TITUSVILLE, FL 32780 ☒ Change ☐ Addition

TITLE SD
NAME HOYLT, SHIRLEY
STREET ADDRESS 2196 KNOX MCRAE, UNIT L
CITY-ST-ZIP TITUSVILLE FL ☒ DELETE

2.1 TITLE SD
2.2 NAME HOYLT, SHIRLEY
2.3 STREET ADDRESS 2196 KNOX MCRAE, UNIT "L"
2.4 CITY-ST-ZIP TITUSVILLE, FL 32780 ☒ Change ☐ Addition

TITLE TD
NAME GIFFORD, BEVERLY
STREET ADDRESS 2196 KNOX MCRAE UNIT H
CITY-ST-ZIP TITUSVILLE FL ☒ DELETE

3.1 TITLE TD
3.2 NAME RZASA, JOHN
3.3 STREET ADDRESS 2196 KNOX MCRAE, UNIT "E"
3.4 CITY-ST-ZIP TITUSVILLE, FL 32780 ☒ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ DELETE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harvey Talbert - HARVEY TALBERT MAR 17/96 407-269-5454

CR2E037 (12/95)