

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

DOCUMENT # **N14452 (9)**
1. Corporation Name
VILLAS OF GOLFVIEW, INC.

95 MAR 16 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
~~9682 FONTAINEBLEAU BLVD #104~~ ~~MIAMI FL 33172~~
~~9682 FONTAINEBLEAU BLVD #104~~ ~~MIAMI FL 33172~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/17/1986** 3a. Date of Last Report **04/28/1994**
4. FEI Number **59-2827046** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **9674 Fontbleu Blvd #30** 26 **9674 Fontbleu Blvd**
Suite, Apt. #, etc. **#30** Suite, Apt. #, etc. **30**
22 **MI FL** 27 **MI FL**
City & State **MI FL** City & State **MI FL**
23 **33172** 25 **USA** 29 **33172** 30 **USA**
Zip Country Zip Country

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

B. Name and Address of Current Registered Agent

~~SANZ, ANTONIO~~
~~9682 FONTAINEBLEAU BLVD~~
~~#104~~
~~MIAMI FL 33172~~

10. Name and Address of New Registered Agent

81 Name **FAJET RAUL E.**
82 Street Address (P.O. Box Number is Not Acceptable) **9674 FONTBLEU BLVD #30**
83 **MIAMI**
84 City **MIAMI** 85 Zip Code **FL 33172**

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 **RAUL E. FAJET (PD)** **3-3-95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HENDERSON, RIANA
STREET ADDRESS	9650 FONTAINEBLEAU #1
CITY-ST-ZIP	MIAMI FL
TITLE	PD
NAME	BARNARD, JOHN A.
STREET ADDRESS	9670 FONTAINEBLEAU #10
CITY-ST-ZIP	MIAMI FL
TITLE	TD
NAME	GONZALO, SAN
STREET ADDRESS	9660 FONTAINEBLEAU #14
CITY-ST-ZIP	MIAMI FL
TITLE	VD
NAME	ROMERO, JAIME
STREET ADDRESS	9660 FONTAINEBLEAU #14
CITY-ST-ZIP	MIAMI FL
TITLE	SD
NAME	DIEGO, LAMADRID
STREET ADDRESS	9674 FONTAINEBLEAU #25
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	XAVIER CORRAL
1.3 STREET ADDRESS	9670 FONTBLEU BLVD #18
1.4 CITY-ST-ZIP	MIAMI FL 33172
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FAJET RAUL E.
2.3 STREET ADDRESS	9674 FONTBLEU BLVD #30
2.4 CITY-ST-ZIP	MIAMI FL 33172
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **RAUL E. FAJET (PD)** **3-3-95** **305 552 0960**
Signature and typed or printed name of signing officer or director Date (Mention Phone #)