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1-2

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N16772** (8)

1. Corporation Name

GOLFVIEW GOLF & RACQUET CLUB COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

14849 HOLE IN ONE CIRCLE SW

**FORT MYERS FL 33919
US**

PO BOX 061289

**FORT MYERS FL 33906-1289
US**



3. Date Incorporated or Qualified

09/12/1986

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLECK, ARTHUR
407 PARKWAY CT. S.W.
FT. MYERS FL 33919**

81 Name

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

83

84 City

FL

85 Zip Code

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

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** ☐ DELETE
NAME **FLECK, ARTHUR**
STREET ADDRESS **407 PARKWAY CT., S.W.**
CITY-ST-ZIP **FT MYERS FL**

1.1 TITLE **DIRECTOR** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **STD** ☐ DELETE
NAME **COLEMAN, GREGORY S.**
STREET ADDRESS **7350 POPHAM DR**
CITY-ST-ZIP **FT. MYERS FL**

2.1 TITLE **DIRECTOR** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **FLECK, ARTHUR P. II**
STREET ADDRESS **~~12005~~ OAK BROOK CT**
CITY-ST-ZIP **FT MYERS FL**

3.1 TITLE **DIRECTOR** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **16411 RAINBOW MEADOWS CT**
3.4 CITY-ST-ZIP **FT MYERS, FL 33908**

TITLE **D** ☐ DELETE
NAME **MULLOY, PAT**
STREET ADDRESS **1481 SW HOLE IN ONE CIRCLE #110**
CITY-ST-ZIP **FT MYERS FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS **7290 PENZANCE #402**
4.4 CITY-ST-ZIP **FT MYERS, FL 33912**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **PRESIDENT/DIRECTOR** ☐ Change ☒ Addition
5.2 NAME **THOMAS DUFFEY**
5.3 STREET ADDRESS **14831 HOLE IN ONE CIRCLE #205**
5.4 CITY-ST-ZIP **FT MYERS, FL 33919**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **VICE-PRESIDENT/DIRECTOR** ☐ Change ☒ Addition
6.2 NAME **DOUGLAS SULLIVAN**
6.3 STREET ADDRESS **14891 HOLE IN ONE CIRCLE #106**
6.4 CITY-ST-ZIP **FT MYERS, FL 33919**

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

ARTHUR FLECK, DIRECTOR

4/26/96

941-489-3808

Date

Daytime Phone #

CR2E037 (12/95)

#13 ADDITIONS

GOLFVIEW GOLF AND RACQUET CLUB

PLEASE, ADD

N16772

2-2.

SECRETARY/TREASURER/DIRECTOR

MARY ANN LITTLE

14871 HOLE IN ONE CIRCLE # 108

FT MYERS, FL 33919