

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 06, 2002 8:00 am
Secretary of State

08-06-2002 90131 011 ****61.25

DOCUMENT # 755616

1. Entity Name

PALM VIEW WATERS CONDOMINIUM ASSOC., INC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4975 VICEROY ST.

3. Mailing Address

506 S.W. 47TH TER.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CAPE CORAL, FL

City & State

CAPE CORAL, FL

4. FEI Number

041282028

Applied For

Not Applicable

Zip

Country

33904

Zip

Country

33914

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ZUNINO AUGUST / C-21 SUNBELT REALTY

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

506 SW 47TH TERRACE

City

CAPE CORAL

FL

Zip Code

33914

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees*

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JUDY, JEFF
STREET ADDRESS 4975 VICEROY ST # 205
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD
NAME BONNETT, DENNIS
STREET ADDRESS 4975 VICEROY ST # 202
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME TAYLOR, HELEN
STREET ADDRESS 4975 VICEROY ST # 203
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME CODY, JOE
STREET ADDRESS 67 FOREST HILL DR.
CITY-ST-ZIP FARMINGTON, CT 06034

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME GEOGHEGAN, GEORGE
STREET ADDRESS 33096 WHISPERING LN.
CITY-ST-ZIP CHESTERFIELD, MI 48047

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/02

CR2E037B (12/01)