

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90260 035 ****61.25

DOCUMENT # N16771

1. Entity Name

ST. ANDREWS AT GOLFVIEW CONDOMINIUM ASSOCIATION,

Principal Place of Business

**14849 HOLE-IN-ONE CIRCLE
FORT MYERS FL 33906-8289
US**

Mailing Address

**14849 HOLE-IN-ONE CIRCLE
FORT MYERS FL 33906-8289
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0034763

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CATOE, DENNIS
5732 SANDPIPER PLACE SW
FT. MYERS FL 33919**

Name

CATOE, DENNIS

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

19391 DEANWOOD CIRCLE

City

Fort Myers

FL

Zip Code

33912

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 **DENNIS CATOE**

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

(NOTE: Registered Agent signature required when reinstating)

4-2-01

DATE

**FILE NOW:
FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete
NAME **HUMBLE, BARRY**
STREET ADDRESS **14831 HOLE-IN-ONE CIRCLE #305**
CITY-ST-ZIP **FT MYERS FL 33919**

TITLE **STD** ☒ Delete
NAME **URATO, PAT**
STREET ADDRESS **14831 HOLE-IN-ONE CIRCLE #102**
CITY-ST-ZIP **FT. MYERS FL 33919**

TITLE **PD** ☐ Delete
NAME **DUFFEY, TOM**
STREET ADDRESS **14831 HOLE-IN-ONE CIRCLE, S.W. #205**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **D** ☐ Delete
NAME **JOHNSON, JEAN**
STREET ADDRESS **14831 HOLE IN ONE CIRCLE SW. #104**
CITY-ST-ZIP **FT MYERS FL 33919-7121**

TITLE **D** ☐ Delete
NAME **MCGINN, TOM**
STREET ADDRESS **14831 SW HOLE-IN-ONE CIR**
CITY-ST-ZIP **FT MYERS FL 33919**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Joseph Perri**
STREET ADDRESS **14831 HOLE-IN-ONE 410**
CITY-ST-ZIP **Fort Myers, FL 33919**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF DUFFEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-2001 941-489-3808
Date Daytime Phone #

CR2E037 (10/00)