

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N18191** (9)
1. Corporation Name
GULFVIEW ESTATES OWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
P.O. BOX 1444 ENGLEWOOD FL 34295-1444 US
P.O. BOX 1444 ENGLEWOOD FL 34295-1444 US

3. Date Incorporated or Qualified **12/10/1986** 3a. Date of Last Report **04/27/1994**
4. FEI Number **59-2662771** 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
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

2. Principal Place of Business 2a. Mailing Address
21 26
22 27
23 28
24 25 29 30

9. Name and Address of Current Registered Agent
**LEE, JOHN T
1120 GULF BLVD
SUITE 10
ENGLEWOOD FL 34223**

10. Name and Address of New Registered Agent
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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|---|
| TITLE | PP | 1.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAC NEVIN, EARL | 1.2 NAME | |
| STREET ADDRESS | 5816 MONROE | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | VENICE FL | 1.4 CITY - ST - ZIP | |
| TITLE | VB | 2.1 TITLE | P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAUCK, PAUL | 2.2 NAME | |
| STREET ADDRESS | 5831 GARFIELD RD. | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | VENICE FL | 2.4 CITY - ST - ZIP | |
| TITLE | TD | 3.1 TITLE | T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEIGAND, RICH | 3.2 NAME | LAMANNA, SAL. |
| STREET ADDRESS | 5848 BUCHANAN | 3.3 STREET ADDRESS | 5818 HARRISON Rd |
| CITY - ST - ZIP | VENICE FL | 3.4 CITY - ST - ZIP | VENICE, FL |
| TITLE | SD | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KOTTNER, DONALD | 4.2 NAME | |
| STREET ADDRESS | 5843 MADISON RD | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | VENICE FL | 4.4 CITY - ST - ZIP | |
| TITLE | D | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLASER, JIM | 5.2 NAME | RICCI, FAYE |
| STREET ADDRESS | 5823 BUCHANAN RD | 5.3 STREET ADDRESS | 5873 MADISON Rd |
| CITY - ST - ZIP | VENICE FL | 5.4 CITY - ST - ZIP | VENICE, FL |
| TITLE | D | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ELLERY, JACK | 6.2 NAME | |
| STREET ADDRESS | 138 ROOSEVELT | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | VENICE FL | 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 110.07(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 of this report or on an attachment with an address.

SIGNATURE: *[Signature]* **4/17/95** **813/474-7231**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone Area & Number)