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**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90103 009 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**

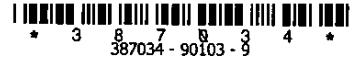


FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N18191**

1. Corporation Name

**GULFVIEW ESTATES OWNERS ASSOCIATION, INC.**



Principal Place of Business

P.O. BOX 1444  
 ENGLEWOOD FL 34295-1444  
 US

Mailing Address

250 TAMPA AVE W  
 2100 CONSTITUTION BLVD  
 VENICE FL 34285  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

12/10/1986

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

9. Name and Address of Current Registered Agent

**KEYS-CALDWELL, INC**  
 250 TAMPA AVE W  
 VENICE FL 34285

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 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

TITLE  DELETE

NAME **D**  
**AVERBACH, ERNIE**  
 STREET ADDRESS **1321 WASHINGTON DRIVE**  
 CITY-ST-ZIP **VENICE FL**

TITLE  DELETE

NAME **T**  
**ALOAN, CHUCK**  
 STREET ADDRESS **1320 WASHINGTON DR**  
 CITY-ST-ZIP **VENICE FL 34293**

TITLE  DELETE

NAME **S**  
**CONWAY, JOAN**  
 STREET ADDRESS **5887 TYLER RD**  
 CITY-ST-ZIP **VENICE FL 34293**

TITLE  DELETE

NAME **P**  
**HUDSON, CLYDE**  
 STREET ADDRESS **5839 TAYLOR RD**  
 CITY-ST-ZIP **VENICE FL**

TITLE  DELETE

NAME **D**  
**MOYER, JEFF**  
 STREET ADDRESS **5834 ADAMS RD**  
 CITY-ST-ZIP **VENICE FL 34293**

TITLE  DELETE

NAME **D**  
**KOPP, BARBARA**  
 STREET ADDRESS **5863 TAYLOR ROAD**  
 CITY-ST-ZIP **VENICE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**T**  
**Greenler, Jerry**  
**1500 Pierce Dr.**  
**Venice, FL 34293**

**S**  
**Moyer, Lori**  
**5834 Adams Rd.**  
**Venice, FL 34293**

**V**  
**Hewett, Wallace**  
**5821 Jefferson Rd.**  
**Venice, FL 34293**

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)