

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90105 036 ****61.25

0077634

DOCUMENT # N18191

1. Entity Name

GULFVIEW ESTATES OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

~~250 TAMPA AVE W~~
~~2100 CONSTITUTION BLVD~~
 VENICE FL 34285
 US

2. Principal Place of Business

3. Mailing Address

1747 S. Tamiami Tr

1747 S. Tamiami Tr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

223

223

City & State

City & State

Venice FL

Venice FL

Zip

Country

Zip

Country

34293

USA
~~Sweden~~

34293

USA
~~Sweden~~

4. FEI Number

59-2662771

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

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

Name

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

1747 S. Tamiami Tr # 223

City

Venice

FL

Zip Code

34293

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

Ornette K Caldwell

4/10/01

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

(NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	DAVIDSON, ALLAN	
STREET ADDRESS	1494 ROOSEVELT DR.	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GREENLER, JERRY	
STREET ADDRESS	1500 PIERCE DR	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MOYER, LORI	
STREET ADDRESS	5834 ADAMS RD	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HUDSON, CLYDE	
STREET ADDRESS	5839 TAYLOR RD	
CITY-ST-ZIP	VENICE FL	
TITLE	VD PD <i>change</i>	<input type="checkbox"/> Delete
NAME	HEWETT, WALLACE	
STREET ADDRESS	5821 JEFFERSON RD	
CITY-ST-ZIP	VENICE FL 34293	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHULZ, JAMES	
STREET ADDRESS	1378 ROOSEVELT DR	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELP, WARREN	
STREET ADDRESS	1362 WASHINGTON DR	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ESSER, GEORGE	
STREET ADDRESS	5871 MONROE DR	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE, ROB	
STREET ADDRESS	5897 WILSON DR	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Wallace E Hewett	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Wallace E Hewett

Date

Daytime Phone #

4-16-2001 941-408-8293

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)