

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90032 036 \*\*\*\*61.25

**DOCUMENT # N18191**

1. Entity Name  
**GULFVIEW ESTATES OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**1747 S TAMiami TRAIL  
 #223  
 VENICE, FL 34293 US**

Mailing Address  
**PO BOX 1078  
 VENICE, FL 34284 US**

94059815



2. Principal Place of Business  
*1162 Indian Hills Blvd*  
 Suite, Apt. #, etc.

3. Mailing Address  
*1162 Indian Hills Blvd*  
 Suite, Apt. #, etc.

01122004 Chg-NP CR2E037 (10/03)

City & State  
*Venice FL*

City & State  
*Venice FL*

4. FEI Number  
**59-2662771** Applied For  
 Not Applicable

Zip Country  
*34293 USA*

Zip Country  
*34293 USA*

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**KEYS-CALDWELL, INC**  
**1747 S TAMiami TRAIL**  
**#223**  
**VENICE, FL 34293**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
*1162 Indian Hills Blvd*  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25  
 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PILAROWSKI, DUANE 5864 WILSON DR. VENICE, FL 34293 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDINGTON, DOUGLAS 5874 MADISON RD. VENICE, FL 34293 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHULZ, JAMES 1378 ROSSEVELT DRIVE VENICE, FL 34293 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLOSKEY, CHARLES 5827 LINCLON RD. VENICE, FL 34293 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GESSER, GEORGE 5841 MONROE DR VENICE, FL 34293 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHITE, WILLIAM 5825 WILSON DR VENICE, FL 34293 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Pilarowski, Duane <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Jerome Iwanski 5816 McKinley Rd. Venice FL 34293 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Dora Jean Banes 5847 Wilson Rd Venice, FL 34293 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Booth 5834 Adams Rd. Venice, FL 34293 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Francis Bisson 1420 Roosevelt Dr Venice, FL 34293 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shirley Iwanski 5816 McKinley Rd. Venice, FL 34293 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Dora Jean Banes*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-04 (41) 408-8293  
 Date Daytime Phone #