

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18191

FILED  
Apr 26, 2011  
Secretary of State

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

**Current Principal Place of Business:**

1162 INDIAN HILLS BLVD.  
VENICE, FL 34293 US

**New Principal Place of Business:**

**Current Mailing Address:**

1162 INDIAN HILLS BLVD.  
VENICE, FL 34293 US

**New Mailing Address:**

**FEI Number:** 59-2662771      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KEYS-CALDWELL, INC  
1162 INDIAN HILLS BLVD.  
VENICE, FL 34293 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: KOZUCH, ROBERT  
Address: 5823 MCKINLEY ROAD  
City-St-Zip: VENICE, FL 34293

Title: SD  
Name: VUOLO, NANETTE  
Address: 1514 ROOSEVELT DRIVE  
City-St-Zip: VENICE, FL 34293

Title: TD  
Name: CONANT, CHARLES  
Address: 5843 ROOSEVELT DRIVE  
City-St-Zip: VENICE, FL 34293

Title: D  
Name: SHLASKO, MIKE  
Address: 5888 WILSON ROAD  
City-St-Zip: VENICE, FL 34293

Title: PD  
Name: PILAROWSKI, DUANE  
Address: 5864 WILSON ROAD  
City-St-Zip: VENICE, FL 34293

Title: D  
Name: KOWALSKI, EDMUND  
Address: 5856 CLEVELAND ROAD  
City-St-Zip: VENICE, FL 34293

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DUANE PILAROWSKI

PD

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date