


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90735 046 \*\*\*\*61.25

**DOCUMENT # N18191**

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



Principal Place of Business      Mailing Address

**1747 S TAMiami TRAIL  
#223  
VENICE FL 34293  
US**

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#223  
VENICE FL 34293  
US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.

**PO Box 1078**

City & State

**Venice FL**

4. FEI Number **59-2662771**      Applied For

Not Applicable

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

Zip      Country      Zip      Country

**34284      USA**

**10059805**



CHECK HERE IF MAKING CHANGES

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)

City      **FL**      Zip Code

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 \_\_\_\_\_ (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 Florida Department of State**

| 10. OFFICERS AND DIRECTORS |  |
|----------------------------|--|
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> Delete  |
| NAME                       | <b>DAVIDSON, ALLAN</b>                               |
| STREET ADDRESS             | <b>1494 ROOSEVELT DR.</b>                            |
| CITY-ST-ZIP                | <b>VENICE FL 34293</b>                               |
| TITLE                      | <b>TD</b> <input checked="" type="checkbox"/> Delete |
| NAME                       | <b>GREENLER, JERRY</b>                               |
| STREET ADDRESS             | <b>1500 PIERCE DR</b>                                |
| CITY-ST-ZIP                | <b>VENICE FL 34293</b>                               |
| TITLE                      | <b>VD</b> <input type="checkbox"/> Delete            |
| NAME                       | <b>SCHULZ, JAMES</b>                                 |
| STREET ADDRESS             | <b>1378 ROSSEVELT DRIVE</b>                          |
| CITY-ST-ZIP                | <b>VENICE FL 34293</b>                               |
| TITLE                      | <b>SD</b> <input checked="" type="checkbox"/> Delete |
| NAME                       | <b>DIELLO, JERRY</b>                                 |
| STREET ADDRESS             | <b>5880 GARFIELD RD</b>                              |
| CITY-ST-ZIP                | <b>VENICE FL 34293</b>                               |
| TITLE                      | <b>PD</b> <input type="checkbox"/> Delete            |
| NAME                       | <b>GESSER, GEORGE</b>                                |
| STREET ADDRESS             | <b>5841 MONROE DR</b>                                |
| CITY-ST-ZIP                | <b>VENICE FL 34293</b>                               |
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete             |
| NAME                       | <b>WHITE, WILLIAM</b>                                |
| STREET ADDRESS             | <b>5825 WILSON DR</b>                                |
| CITY-ST-ZIP                | <b>VENICE FL 34293</b>                               |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE   | <b>S/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | <b>Duane Pilarowski</b>   |
| STREET ADDRESS  | <b>5864 Wilson Dr</b>   |
| CITY-ST-ZIP   | <b>Venice FL 34293</b>  |
| TITLE   | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| NAME  | <b>Douglas Edgington</b>  |
| STREET ADDRESS  | <b>5874 Madison Rd</b>  |
| CITY-ST-ZIP   | <b>Venice FL 34293</b>  |
| TITLE   | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| NAME  | <b>Jerry Iwanski</b>  |
| STREET ADDRESS  | <b>5816 McKinley Rd</b>   |
| CITY-ST-ZIP   | <b>Venice FL 34293</b>  |
| TITLE   | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| NAME  | <b>Charles McCloskey</b>  |
| STREET ADDRESS  | <b>5827 Lincoln Rd</b>  |
| CITY-ST-ZIP   | <b>Venice FL 34293</b>  |
| TITLE   | <b>T/D</b> <input checked="" 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:  **SCHULZ, JAMES**

4-3-03

CR2E037 (10/02)