

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90493 009 ****61.25

DOCUMENT # N46384

Entity Name

MUIRFIELD AT GOLFVIEW CONDOMINIUM ASSOCIATION, I

Principal Place of Business

14849 HOLE-IN-ONE CIRCLE
 FT MYERS FL 33906-1289
 US

Mailing Address

14849 HOLE-IN-ONE CIRCLE
 FT MYERS FL 33906-1289
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0343138

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CATOE, DENNIS
 407 PARKWAY CT SW
 5702 SANDPIPER PLACE SW
 FT MYERS FL 33919

509 EDISON AVE
 Lehigh Acres, FL
 33936

7. Name and Address of New Registered Agent

Name
CATOE DENNIS

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

~~19291 Devonwood Circle~~

509 EDISON AVE

City
Fort Myers Lehigh Acres FL

Zip Code

33919

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.

33936

SIGNATURE Dennis Catoe

[Signature]

4-2-01

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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	COURTNEY, PAT	
STREET ADDRESS	14891 HOLE-IN-ONE CIRCLE PH3	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCANN, VIVIAN	
STREET ADDRESS	14891 HOLE-IN-ONE SW	
CITY-ST-ZIP	FT. MYERS FL 33919	SAME →
TITLE	SD	<input type="checkbox"/> Delete
NAME	GOJRO, DOUGLAS	
STREET ADDRESS	14891 HOLE-IN-ONE CIRCLE	SAME →
CITY-ST-ZIP	FT. MYERS FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	GROSS, JOHN JR	
STREET ADDRESS	14891 HOLE IN ONE CIR #310	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRAWLEY, LAWRENCE	
STREET ADDRESS	14891 HOLE-IN-ONE #105	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COURTNEY, PAT	
STREET ADDRESS	14891 HOLE-IN-ONE CIRCLE	
CITY-ST-ZIP	FT. MYERS, FL 33919	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SR. Gross, John	
STREET ADDRESS	14891 HOLE-IN-ONE CIRCLE	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAT ODDO	
STREET ADDRESS	14891 HOLE-IN-ONE #PH-6	
CITY-ST-ZIP	FT. MYERS, FL 33919	
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: John A. Gross **REQUIRED**

3-29-2001

941-489-3808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)