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FILED

Apr 22 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N51304 (6)

1. Corporation Name

PEBBLE BEACH AT GOLFVIEW CONDOMINIUM ASSOCIATION
INC.

Principal Place of Business

PO BOX 061289
FT. MYERS FL 33906-1289
US

Mailing Address

P. O. BOX 061289
FT. MYERS FL 33906-1289
US3. Date Incorporated or Qualified
10/09/19923a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 14849 Hole-In-One Circle
Suite, Apt. #, etc.

22 City & State

23 Fort Myers, FL

24 33919-7147 Country
25 USA

2a. Mailing Address

26 14849 Hole-In-One Circle
Suite, Apt. #, etc.

27 City & State

28 Fort Myers, FL

29 33919-7147 Country
30 USA

4. FEI Number

65-0424437

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLECK, ARTHUR
407 PARKWAY COURT, S.W.
FT. MYERS FL 33919

81 Name

Dennis Catoe

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

83

5732 Sandpiper Place SW

84 City

Fort Myers,

FL

85 Zip Code
33919

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

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

Dennis Catoe

(NOTE: Registered Agent signature required when reinstating)

DATE

4-11-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETENAME FLECK, ARTHUR
STREET ADDRESS 407 PARKWAY COURT, S.W.
CITY-ST-ZIP FT. MYERS FLTITLE STD ☒ DELETENAME COLEMAN, GREGORY S.
STREET ADDRESS 7350 POPHAM DR
CITY-ST-ZIP FT. MYERS FLTITLE VD ☒ DELETENAME FLECK, ARTHUR P., II
STREET ADDRESS 16411 RAINBOW MEADOWS CT
CITY-ST-ZIP FT. MYERS FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE PD ☐ Change ☒ Addition1.2 NAME Clifford Swanson
1.3 STREET ADDRESS 14751 Hole-In-One Circle PH2
1.4 CITY-ST-ZIP Fort Myers, FL 339192.1 TITLE VP ☐ Change ☒ Addition2.2 NAME Walter Gasaway
2.3 STREET ADDRESS 14751 Hole-In-One Circle 109
2.4 CITY-ST-ZIP Fort Myers, FL 339193.1 TITLE SD ☐ Change ☒ Addition3.2 NAME James Cyr
3.3 STREET ADDRESS 14751 Hole-In-One Circle 101
3.4 CITY-ST-ZIP Fort Myers, FL 339194.1 TITLE TD ☐ Change ☒ Addition4.2 NAME Janis Hudac
4.3 STREET ADDRESS 14751 Hole-In-One Circle 108
4.4 CITY-ST-ZIP Fort Myers, FL 339195.1 TITLE D ☐ Change ☒ Addition5.2 NAME Harold Seer
5.3 STREET ADDRESS 14751 Hole-In-One Circle 305
5.4 CITY-ST-ZIP Fort Myers, FL 339196.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clifford Swanson

Date

4-11-97

Daytime Phone # 0066166

CR2E037 (9/96)