

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51304

1. Entity Name

PEBBLE BEACH AT GOLFVIEW CONDOMINIUM ASSOCIATION

Principal Place of Business

14849 HOLE-IN-ONE CIRCLE
FT MYERS FL 33919-7147
US

Mailing Address

14849 HOLE-IN-ONE CIRCLE
FT MYERS FL 33919-2138
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0424437

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CATOE, DENNIS
5732 SANDPIPER PLACE SW
FT. MYERS FL 33919

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.

SIGNATURE Dennis Catoe

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-10-2000

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete

NAME BLOOD, RICHARD
STREET ADDRESS 14751 HOLE-IN-ONE CIRCLE #PH1
CITY-ST-ZIP FT MYERS FL

TITLE VP ☐ Delete

NAME GASAWAY, WALTER
STREET ADDRESS 14751 HOLE-IN-ONE CIRCLE 109
CITY-ST-ZIP FT. MYERS FL

TITLE SD ☐ Delete

NAME CYR, JAMES
STREET ADDRESS 14751 HOLE-IN-ONE CIRCLE 101
CITY-ST-ZIP FT. MYERS FL

TITLE D ☒ Delete

NAME GREAVES, WANDA
STREET ADDRESS 14751 HOLE-IN-ONE CIRCLE #PH4
CITY-ST-ZIP FT MYERS FL 33919

TITLE D ☐ Delete

NAME SEER, HAROLD
STREET ADDRESS 14751 HOLE-IN-ONE CIRCLE 305
CITY-ST-ZIP FT MYERS FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PH ☐ Change ☒ Addition

NAME SWANSON, CLIFF
STREET ADDRESS 14751 HOLE-IN-ONE CIRCLE PH-10
CITY-ST-ZIP FT. MYERS, FL.

TITLE TREASURER ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Richard A. Blood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00 941-489-3808
Date Daytime Phone #

CR2E037 (9/99)