

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90260 033 ****61.25

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 33919-7147
US

946808



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0424437

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CATOE, DENNIS

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

19391 Devowood Circle

City

FORT MYERS

FL

Zip Code
33912

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

4-2-01

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

TITLE VP
NAME PAT BLOOD ☐ Change ☒ Addition
STREET ADDRESS 14751 HOLE-IN-ONE
CITY-ST-ZIP FORT MYERS, FL.

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

TITLE SD
NAME ARTHUR LYNALL ☐ Change ☒ Addition
STREET ADDRESS 14751 HOLE-IN-ONE CIRCLE
CITY-ST-ZIP FORT MYERS, FL 33919

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

TITLE D
NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE PH
NAME SWANSON, CLIFF ☐ Delete
STREET ADDRESS 14751 HOLE IN ONE CIRCLE PH-10
CITY-ST-ZIP FT MYERS FL 33919

TITLE PD
NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

CR2E037 (10/00)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-489-3808