

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51304

1. Entity Name

PEBBLE BEACH AT GOLFVIEW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

65-0424437

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CATOE, DENNIS  
19391 DENONWOOD CIRCLE  
FORT MYERS FL 33912

7. Name and Address of New Registered Agent

Name  
CATOE, DENNIS  
Street Address (P.O. Box Number is Not Acceptable)  
509 EDISON AVE  
City  
Lehigh Acres FL Zip Code  
33936

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

4-10-02

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
BLOOD, PAT  
14751 HOLE-IN-ONE  
FT MYERS FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
LYALL, ARTHUR  
14751 HOLE-IN-ONE CIRCLE  
FORT. MYERS FL 33919 ☐ Delete

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

CLIFF SWANSON

Date

Daytime Phone #

4-10-02 941-489-3808

CR2E037 (9/01)