

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90021 030 ****61.25

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
US**

Mailing Address

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

44040607



MOORE CR2E037 (11/03)

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**

6. Name and Address of Current Registered Agent

**CATOE, DENNIS
509 EDISON AVENUE
LEHIGH ACRES FL 33936**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **DENNIS CATOE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-11-04

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DVP** ☐ Delete
NAME **BLOOD, PAT**
STREET ADDRESS **14751 HOLE-IN-ONE**
CITY-ST-ZIP **FT MYERS FL 33919**

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

TITLE **DS** ☐ Delete
NAME **DIL'DONATO, ALBERT**
STREET ADDRESS **14751 HOLE-IN-ONE CIRCLE 101**
CITY-ST-ZIP **FT. MYERS FL 33919**

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

TITLE **DT** ☐ Delete
NAME **SEER, HAROLD**
STREET ADDRESS **14751 HOLE-IN-ONE CIRCLE 305**
CITY-ST-ZIP **FT MYERS FL 33919**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ 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 ☐ Change ☒ Addition
NAME **Schwartz, RAY**
STREET ADDRESS **14751 HOLE IN ONE CIRCLE**
CITY-ST-ZIP **FT. MYERS, FL. 33919**

TITLE ☐ 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: **Arthur E. Lyall** **Arthur Lyall**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-04 239-489-3808

Date

Daytime Phone #