

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90022 027 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

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
509 EDISON AVENUE
LEHIGH ACRES FL 33936**

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

[Signature]

DENNIS J. CATOE - manager

3-15-2005

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP	<input type="checkbox"/> Delete
NAME	BLOOD, PAT	
STREET ADDRESS	14751 HOLE-IN-ONE	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	LYALL, ARTHUR	
STREET ADDRESS	14751 HOLE-IN-ONE CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DILDONATO, ALBERT	
STREET ADDRESS	14751 HOLE-IN-ONE CIRCLE 101	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWARTZ, RAY	
STREET ADDRESS	14751 HOLE IN ONE CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	SEER, HAROLD	
STREET ADDRESS	14751 HOLE-IN-ONE CIRCLE 305	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	Blood, PAT	
STREET ADDRESS	14751-Hole-In-One Circle	
CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	FRITZ, BERNIC	
STREET ADDRESS	14751-Hole-In-One Circle	
CITY-ST-ZIP	FT. MYERS, FL 33919	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	DILDONATO, ALBERT	
STREET ADDRESS	14751 Hole-In-One Circle	
CITY-ST-ZIP	FT. MYERS, FL 33919	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	Schwartz, RAY	
STREET ADDRESS	14751 Hole-In-One Cir.	
CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	Johnson, DEBBIE	
STREET ADDRESS	14751-Hole-In-One Circle	
CITY-ST-ZIP	FT. MYERS, FL 33919	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

3-15-2005

239-489-3808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #