

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2008 08:00 A
Secretary of State

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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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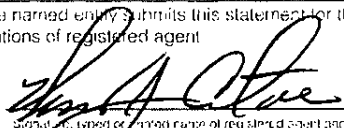
1st MOORE CR2E037 (10/07)

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 CATOE, DENNIS 509 EDISON AVENUE LEHIGH ACRES FL 33936	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

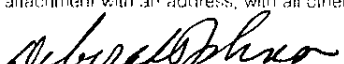
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent		
SIGNATURE 	DENNIS S. CATOE	3/20/08
DATE		

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	☐ Delete
NAME	S
STREET ADDRESS	CYR, JAMES
CITY-ST-ZIP	14751 HOLE-IN-ONE FT MYERS FL 33919
TITLE	☐ Delete
NAME	DT
STREET ADDRESS	FRITZ, BERNIE
CITY-ST-ZIP	14751 HOLE-IN-ONE CIRCLE FORT MYERS FL 33919
TITLE	☐ Delete
NAME	D
STREET ADDRESS	DILDOÑATO, ALBERT
CITY-ST-ZIP	14751 HOLE-IN-ONE CIRCLE 101 FT. MYERS FL 33919
TITLE	☐ Delete
NAME	VP
STREET ADDRESS	WOJCIECHOWICZ, NEAL
CITY-ST-ZIP	14751 HOLE-IN-ONE CIRCLE, PH 7 FORT MYERS FL 33919
TITLE	☐ Delete
NAME	P
STREET ADDRESS	JOHNSON, DEBBIE
CITY-ST-ZIP	14751 HOLE-IN-ONE CIRCLE 305 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	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  **Debbie Johnson President 3-06-08 239-484-3818**