

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/19

**FILED**  
**Jun 21, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90072 026 \*\*\*\*70.00

**DOCUMENT # N98000007169**

1. Entity Name

**CAPE WATERVIEW CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O 1710 E CAPE CORAL PARKWAY  
 CAPE CORAL FL 33904

C/O 1710 E CAPE CORAL PARKWAY  
 CAPE CORAL FL 33904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE

**65-1011088**



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YEAGER CHEFFY, JANE**  
**2375 TAMiami TRAIL NORTH, SUITE 310**  
**NAPLES FL 34103**

Name

**RIEDLINGER, THOMAS**

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

**1710 EAST CAPE CORAL PKWY.**

City

**CAPE CORAL**

FL

Zip Code

**33904**

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

*[Signature]* **PRESIDENT**

**04-11-00**

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**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIEDLINGER, THOMAS</b>	NAME	
STREET ADDRESS	<b>1710 E CAPE CORAL PARKWAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIEDLINGER, HEIDRUN</b>	NAME	
STREET ADDRESS	<b>1710 E CAPE CORAL PARKWAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROUTHIER, NADINE</b>	NAME	
STREET ADDRESS	<b>1710 E CAPE CORAL PARKWAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

**SIGNATURE REQUIRED PRESIDENT**

**04-11-00**

**341-945-3899**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

#N98000007169

104275

Form **SS-4**  
(Rev. December 1995)  
Department of the Treasury  
Internal Revenue Service

### Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN \_\_\_\_\_  
OMB No. 1545-0003

▶ Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)  
Cape Waterview Condominium Association, Inc.

2 Trade name of business (if different from name on line 1) \_\_\_\_\_

3 Executor, trustee, "care of" name \_\_\_\_\_

4a Mailing address (street address) (room, apt., or suite no.)  
1710 East Cape Coral Parkway

5a Business address (if different from address on lines 4a and 4b) \_\_\_\_\_

4b City, state, and ZIP code  
Cape Coral, Florida 33904

5b City, state, and ZIP code \_\_\_\_\_

6 County and state where principal business is located  
Lee County, Florida

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶ SSN-63-3973  
Thomas Riedlinger

8a Type of entity (Check only one box.) (See instructions.)

Sole proprietor (SSN) \_\_\_\_\_

Partnership \_\_\_\_\_

REMIC \_\_\_\_\_

State/local government \_\_\_\_\_

Other nonprofit organization (specify) ▶ Condominium Assoc. (enter GEN if applicable)

Other (specify) ▶ \_\_\_\_\_

Estate (SSN of decedent) \_\_\_\_\_

Plan administrator-SSN \_\_\_\_\_

Personal service corp. \_\_\_\_\_

Limited liability co. \_\_\_\_\_

National Guard \_\_\_\_\_

Other corporation (specify) ▶ \_\_\_\_\_

Trust \_\_\_\_\_

Federal Government/military \_\_\_\_\_

Farmers' cooperative \_\_\_\_\_

Church or church-controlled organization \_\_\_\_\_

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State Florida Foreign country \_\_\_\_\_

9 Reason for applying (Check only one box.)

Started new business (specify) ▶ \_\_\_\_\_

Banking purpose (specify) ▶ \_\_\_\_\_

Changed type of organization (specify) ▶ \_\_\_\_\_

Purchased going business \_\_\_\_\_

Created a trust (specify) ▶ \_\_\_\_\_

Other (specify) ▶ \_\_\_\_\_

Hired employees \_\_\_\_\_

Created a pension plan (specify type) ▶ \_\_\_\_\_

10 Date business started or acquired (Mo., day, year) (See instructions.)  
03-17-98

11 Closing month of accounting year (See instructions.)  
MAY, 1998

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) \_\_\_\_\_

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)

Nonagricultural \_\_\_\_\_ Agricultural \_\_\_\_\_ Household \_\_\_\_\_

14 Principal activity (See instructions.) ▶ Condominium Association

15 Is the principal business activity manufacturing?  Yes  No

If "Yes," principal product and raw material used ▶ \_\_\_\_\_

16 To whom are most of the products or services sold? Please check the appropriate box.

Public (retail) \_\_\_\_\_  Other (specify) ▶ \_\_\_\_\_  Business (wholesale) \_\_\_\_\_  N/A

17a Has the applicant ever applied for an identification number for this or any other business?  Yes  No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶ \_\_\_\_\_ Trade name ▶ \_\_\_\_\_

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

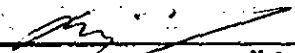
Approximate date when filed (Mo., day, year) \_\_\_\_\_ City and state where filed \_\_\_\_\_ Previous EIN \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ▶ Thomas Riedlinger

Business telephone number (include area code) 941-945-3499

Fax telephone number (include area code) 941-945-6412

Signature ▶  Date ▶ 12-22-98

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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