

# 2000 UNIFORM BUSINESS REPORT (UBR)

091103

**DOCUMENT # N98000007169**

1. Entity Name

**CAPE WATERVIEW CONDOMINIUM ASSOCIATION, INC.**

**FILED**

**00 SEP 12 AM 11:18**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**



DO NOT WRITE IN THIS SPACE

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

**331 WEST CAPE CORAL P.**

**331 WEST CAPE CORAL P.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**B**

**B**

City & State

City & State

**CAPE CORAL, FLORIDA**

**CAPE CORAL, FLORIDA**

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33914**

**USA**

**33914**

**USA**

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

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

Name

**RIEDLINGER, THOMAS**

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

**331 WEST CAPE CORAL PKWY.**

**SUITE B**

City

**CAPE CORAL**

FL

Zip Code

**33914**

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

**THOMAS RIEDLINGER - PRESIDENT**

(NOTE: Registered Agent signature required when reinstating)

DATE

**09-30-00**

**FILE NOW: FEE IS \$61.25  
After September 13, 2000 min. will be \$236.25**

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

TITLE **PD**  Delete  
NAME **RIEDLINGER, THOMAS**  
STREET ADDRESS **1710 E CAPE CORAL PARKWAY**  
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **PD**  Change  Addition  
NAME **RIEDLINGER, THOMAS**  
STREET ADDRESS **331 WEST CAPE CORAL PKWY, SUITE B**  
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE **STD**  Delete  
NAME **RIEDLINGER, HEIDRUN**  
STREET ADDRESS **1710 E CAPE CORAL PARKWAY**  
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **STD**  Change  Addition  
NAME **RIEDLINGER, HEIDRUN**  
STREET ADDRESS **331 WEST CAPE CORAL PKWY, SUITE B**  
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE **VD**  Delete  
NAME **ROUTHIER, NADINE**  
STREET ADDRESS **1710 E CAPE CORAL PARKWAY**  
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **VA**  Change  Addition  
NAME **ROUTHIER, NADINE**  
STREET ADDRESS **331 WEST CAPE CORAL PKWY, SUITE B**  
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**600003397736--8**  
**-03/19/00--01030--019**  
**\*\*\*\*\*70.00 \*\*\*\*\*70.00**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**KE**

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**THOMAS RIEDLINGER - PRESIDENT**

Date

**09-30-00**

Daytime Phone #

**941-945-3899**

CR2E037 (5/00)