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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90293 005 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

752184

1. Corporation Name

GREEN VIEW CONDOMINIUM ASSOC., INC.

Principal Place of Business

Mailing Address

3438 East Lake Rd., #22
Palm Harbor, FL 34685

3438 East Lake Rd., #22
Palm Harbor, FL 34685

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

4/25/80

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2040992

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

William J. Nasser
2697B Sunset Point Rd.
Clearwater, FL 33759

81 Name

James M. Nolan

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

3438 East Lake Rd., #22

83

84 City

Palm Harbor

FL

85 Zip Code
34685

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

James M. Nolan

4/28/99

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	Clare Good	
STREET ADDRESS	1001 Tartan Dr. #307	
CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	Raymond Maloy	
STREET ADDRESS	1001 Tartan Dr. #309	
CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	Earl King	
STREET ADDRESS	1001 Tartan Dr #201	
CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Edwin Bindon	
STREET ADDRESS	1001 Tartan Dr #203	
CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Marian Blackwood	
STREET ADDRESS	1001 Tartan Dr. #306	
CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Clare Good
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLARE GOOD
PRES

Date

Daytime Phone #

4/29/99

727
785 8847