

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752184

1. Entity Name

GREEN VIEW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

3438 EAST LAKE RD  
#22  
PALM HARBOR FL 34685  
US

Mailing Address

3438 EAST LAKE RD  
#22  
PALM HARBOR FL 34685-2413  
US

2. Principal Place of Business

3440 EAST LAKE RD

Suite, Apt. #, etc.

SUITE 106

City & State

PALM HARBOR FL

Zip  
34685

Country  
PINELLAS

3. Mailing Address

3440 EAST LAKE RD

Suite, Apt. #, etc.

SUITE 106

City & State

PALM HARBOR FL

Zip  
34685

Country  
PINELLAS

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90002 005 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2040992

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NOLAN, JAMES M  
3438 EAST LAKE RD  
#22  
PALM HARBOR FL 34685

7. Name and Address of New Registered Agent

Name

JAMES M NOLAN

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

3440 EAST LAKE RD

SUITE 106

City

PALM HARBOR FL

FL

Zip Code  
34685

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.

(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

TITLE PD ☐ Delete  
NAME GOOD, CLARE  
STREET ADDRESS 1001 TARTAN DRIVE #307  
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE VD ☐ Delete  
NAME RAYMOND MALOY  
STREET ADDRESS 1001 TARTAN DR #309  
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE D ☒ Delete  
NAME MARIAN BLACKWOOD  
STREET ADDRESS 1001 TARTAN DR #306  
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE D ☒ Delete  
NAME BINDON, EDWIN  
STREET ADDRESS 1001 TARTAN DR #203  
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE TD ☐ Delete  
NAME KING, EARL  
STREET ADDRESS 1001 TARTAN DR #201  
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☐ Addition  
NAME GOOD, CLARE  
STREET ADDRESS 1001 TARTAN DRIVE #307  
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE VD ☐ Change ☐ Addition  
NAME MALOY, RAYMOND  
STREET ADDRESS 1001 TARTAN DRIVE #309  
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE SD ☒ Change ☐ Addition  
NAME KING, EARL  
STREET ADDRESS 1001 TARTAN DRIVE #201  
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE D ☐ Change ☒ Addition  
NAME PLANTAMURA, JOSEPH  
STREET ADDRESS 1001 TARTAN DRIVE #104  
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE D ☐ Change ☒ Addition  
NAME PODDI, THOMAS  
STREET ADDRESS 1001 TARTAN DRIVE #106  
CITY-ST-ZIP PALM HARBOR FL 34684

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 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:

*Clare Good*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)