

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N51444</b> 1. Entity Name <b>WESTCHESTER AT GOLFVIEW CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>14849 HOLE-IN-ONE CIR. FT MYERS FL 33919-7147 US</b>		Mailing Address <b>15849 HOHE-IN-ONE CIR. FT. MYERS FL 33919-7147 US</b>	
2. Principal Place of Business  Suite, Apt #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State  Zip      Country		City & State  Zip      Country	
4. FEI Number <b>65-0424439</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CATOE, DENNIS 509 EDISON AVE LEHIGH ACRES FL 33936</b>		7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>[Signature]</i> <i>Dennis J. Catoe</i> <b>3-15-2005</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>MANFRE, MIKE</b> <b>14771 HOLE-IN-ONE CIR.</b> <b>FT. MYERS FL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>SIMMERMAN, GERALD</b> <b>14771 HOLE-IN-ONE CIR.</b> <b>FORT MYERS FL 33919</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD</b> <b>BLASKY, JAMES</b> <b>14771 HOLE-IN-ONE CIR.</b> <b>FT. MYERS FL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>ANDERSON, HARRY</b> <b>14771 HOLE-IN-ONE CIR.</b> <b>FORT MYERS FL 33919</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>O'CONNOR, VINCE</b> <b>14771 HOLE-IN-ONE CIR.</b> <b>FT. MYERS FL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition



1st MOORE      CR2E037 (10/04)

4. FEI Number **65-0424439**      Applied For ☐ Not Applicable

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

**CATOE, DENNIS  
509 EDISON AVE  
LEHIGH ACRES FL 33936**

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 *[Signature]* *Dennis J. Catoe*      **3-15-2005**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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Due By May 1, 2005**

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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>MANFRE, MIKE</b> <b>14771 HOLE-IN-ONE CIR.</b> <b>FT. MYERS FL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*      **3-15-2005**      **239-489-3808**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #