## 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 718636** 

Entity Name: GULF VIEW BEACH CLUB, INC.

## **Current Principal Place of Business:**

C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S. #215 NAPLES, FL 34104

## **Current Mailing Address:**

C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S. #215 NAPLES, FL 34104 US

FEI Number: 59-1348906 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

RESORT MANAGMENT C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S. #215 NAPLES, FL 34104 US

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: ROBERT ROSENOW 06/14/2020

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title DIRECTOR Title VP, TREASURER Name KUNISCH, WALTER Name SANDISON, BRUCE

Address C/O RESORT MANAGEMENT Address C/O RESORT MANAGEMENT

2685 HORSESHOE DR. S. #215 2685 HORSESHOE DR. S. #215

City-State-Zip: NAPLES FL 34104 City-State-Zip: NAPLES FL 34104

Title **PRESIDENT** Title **SECRETARY** Name PETERSEN, MARC Name SMITH, CAROL

Address C/O RESORT MANAGEMENT Address C/O RESORT MANAGEMENT

2685 HORSESHOE DR. S. #215 2685 HORSESHOE DR. S. #215

City-State-Zip: NAPLES FL 34104 City-State-Zip: NAPLES FL 34104

Title DIRECTOR

ZELLAR, SUZANNE Name

C/O RESORT MANAGEMENT Address

2685 HORSESHOE DR. S. #215

City-State-Zip: NAPLES FL 34104

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

06/14/2020 SIGNATURE: MARC PETERSEN **PESIDENT** 

**FILED** Jun 14, 2020

**Secretary of State** 

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