

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18191

FILED
Jan 10, 2014
Secretary of State
CC1694150968

Entity Name: GULFVIEW ESTATES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

200 CAPRI ISLE BLVD.
SUITE 2
VENICE, FL 34292

Current Mailing Address:

PO BOX 18809
SARASOTA, FL 34276 US

FEI Number: 59-2662771

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THIBEAULT, MICHELLE
200 CAPRI ISLE BLVD.
SUITE 2
VENICE, FL 34292 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: MICHELLE THIBEAULT

01/10/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name SUSSMAN, LINDA
Address 200 CAPRI ISLE BLVD.
SUITE 2
City-State-Zip: VENICE FL 34292

Title DIRECTOR
Name DELCO, RICH
Address 200 CAPRI ISLE BLVD.
SUITE 2
City-State-Zip: VENICE FL 34292

Title TD
Name UTTARO, FRANK
Address 200 CAPRI ISLE BLVD.
SUITE 2
City-State-Zip: VENICE FL 34292

Title PRESIDENT
Name SHLASKO, MIKE
Address 200 CAPRI ISLE BLVD.
SUITE 2
City-State-Zip: VENICE FL 34292

Title SECY
Name VANDERMEER, LEONTINE
Address 200 CAPRI ISLE BLVD.
SUITE 2
City-State-Zip: VENICE FL 34292

Title D
Name KOWALSKI, EDMUND
Address 5856 CLEVELAND ROAD
City-State-Zip: VENICE FL 34293

Title DIRECTOR
Name HENRY, JIM
Address 200 CAPRI ISLE BLVD.
SUITE 2
City-State-Zip: VENICE FL 34292

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.

SIGNATURE: MIKE SHLASKO

PRESIDENT

01/10/2014

Electronic Signature of Signing Officer/Director Detail

Date