

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N30838

**Entity Name:** GULFVIEW MIDDLE SCHOOL PTO, INC.**Current Principal Place of Business:**255 6TH STREET SOUTH  
NAPLES, FL 34102**Current Mailing Address:**255 6TH STREET SOUTH  
NAPLES, FL 34102 US**FEI Number:** 46-3498030**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PODOLAK, JENNIFER  
255 6TH STREET SOUTH  
NAPLES, FL 34102 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:** JENNIFER PODOLAK

01/27/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PODOLAK, JENNIFER  
Address        255 6TH STREET SOUTH  
City-State-Zip: NAPLES FL 34102

Title            VICE PRESIDENT  
Name            WALKER, STEPHANIE  
Address        255 6TH STREET SOUTH  
City-State-Zip: NAPLES FL 34102

Title            SECRETARY  
Name            MCDERMOTT, HEATHER  
Address        255 6TH STREET SOUTH  
City-State-Zip: NAPLES FL 34102

Title            TREASURER  
Name            BARONE, DANIEL  
Address        255 6TH STREET SOUTH  
City-State-Zip: NAPLES FL 34102

Title            HOSPITALITY  
Name            RUSSELL, TANYA  
Address        255 6TH STREET SOUTH  
City-State-Zip: NAPLES FL 34102

*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:** DANIEL BARONE**TREASURER**

01/27/2024

Electronic Signature of Signing Officer/Director Detail

Date