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: JOHN M. MOLL

I

Electronic Signature of Signing Officer/Director Detail

### FEI Number: 65-0096083

### Name and Address of Current Registered Agent:

MOLL, JOHN M 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	JOHN M. MOLL			05/28/2013
	Electronic Signature of Registered Agent			Date
Officer/Direc	ctor Detail :			
Title	Р	Title	Т	
Name	GRAY, SHELLY	Name	MOLL, JOHN M	
Address	255 6TH STREET SOUTH	Address	255 6TH STREET SOUTH	
City-State-Zip:	NAPLES FL 34102	City-State-Zip:	NAPLES FL 34102	

2013 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

05/28/2013

TREASURER

Date

# FILED May 28, 2013 Secretary of State CC2377733618

Certificate of Status Desired: No