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

Electronic Signature of Signing Officer/Director Detail

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

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	NATURE: JOHN M. MOLL			04/08/2014
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	Т	
Name	GUREVITCH, WENDY	Name	MOLL, JOHN M	
Address	401 NEAPOLITAN WAY	Address	60 SEAGATE DR APT 1603	
City-State-Zip:	NAPLES FL 34103	City-State-Zip:	NAPLES FL 34103	

TREASURER

04/08/2014

FILED Apr 08, 2014 Secretary of State CC3879204871

in, in the State of Fiorida.

Certificate of Status Desired: No

Date