

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51304

Entity Name: PEBBLE BEACH AT GOLFVIEW CONDOMINIUM ASSOCIATION, INC.**FILED**
Mar 21, 2017
Secretary of State
CC2367282577**Current Principal Place of Business:**14849 HOLE-IN-ONE CIRCLE
FT MYERS, FL 33919-7147**Current Mailing Address:**14849 HOLE-IN-ONE CIRCLE
FT MYERS, FL 33919-7147 US**FEI Number: 65-0424437****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CATOE, DENNIS
14849 HOLE IN ONE CIRCLE
FORT MYERS, FL 33919 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title TREASURER
Name CYR, JAMES
Address 14751 HOLE-IN-ONE
City-State-Zip: FT MYERS FL 33919Title SECRETARY
Name HANLEY, ELIZABETH
Address 14751 HOLE-IN-ONE CIRCLE
City-State-Zip: FORT MYERS FL 33919Title D
Name FRITZ, NANCEE
Address 14751 HOLE-IN-ONE CIRCLE 110
City-State-Zip: FT. MYERS FL 33919Title VP
Name WOJCIECHOWICZ, NEAL
Address 14751 HOLE-IN-ONE CIRCLE, PH 7
City-State-Zip: FORT MYERS FL 33919Title P
Name JOHNSON, DEBBIE
Address 14751 HOLE-IN-ONE CIRCLE 305
City-State-Zip: FT MYERS FL 33919

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: DEBBIE JOHNSON**PRESIDENT****03/21/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date