

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 742722 (2)

1. Corporation Name

GULF VIEW CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

9002 GULF SHORE DR. N.  
NAPLES FL 33963

9002 GULF SHORE DR. N.  
NAPLES FL 33963

3. Date Incorporated or Qualified

05/08/1978

3a. Date of Last Report

03/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2054119

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAWLESS, TIMOTHY  
9002 GULF SHORE DR N  
NAPLES FL 33963

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and board of directors

(If Not Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
DPS  
LAWLESS, TIMOTHY D.  
STREET ADDRESS  
9002 GULF SHORE DR. N.  
CITY-STATE-ZIP  
NAPLES FL

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
DV  
MOSHER, DR. D.M.  
STREET ADDRESS  
773 4TH AVE NO.  
CITY-STATE-ZIP  
NAPLES FL

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
DV  
LEVINE, ROBERT  
STREET ADDRESS  
1300 MT. CURVE  
CITY-STATE-ZIP  
MINNEAPOLIS MN

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
T  
LAWLESS, TIMOTHY D  
STREET ADDRESS  
9002 GULF SHORE DRIVE N  
CITY-STATE-ZIP  
NAPLES FL

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 or on an attachment with an address

SIGNATURE:

*Timothy D. Lawless*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96  
Date

941-597 6165  
Daytime Phone #

CR2E037 (12/95)