2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Sep 08, 2002 8:00 am Secretary of State DOCUMENT # **745260** 1. Entity Name 09-08-2002 90130 050 \*\*\*\*61.25 PARK VIEW III CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address ATTN: BEVERLY GOSLIN ATTN: BEVERLY GOSLIN 4014 SE 20TH PLACE A-7 4014 SE 20TH PLACE A-7 CAPE CORAL FL 33904 CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1929052 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEVERN GOSLIN Street Address (P.O. Box Number is Not Acceptable) JENKINS, WILMA 4022 SE 20TH PLACE 9614 SE 2011 PL A-7 APT G-2 CAPE CORAL FL 33904 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE ed agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing After September 13, 2002, \$5.00 May Be Make Check Payable to Trust Fund Contribution. min. will be \$236.25. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE □ Delete TITLE Change ☐ Addition NAME CORBETT, DONALD NAME STREET ADDRESS STREET ADDRESS 4026 S.E. 20TH PL., #C-4 CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL, FL 00000 R. MARIE EILERS 40225E2019PL.GI Delete TITLE X Change ☐ Addition NAME JENKINS, WILMA NAME STREET ADDRESS STREET ADDRESS 4022 S.E. 20TH PL., #G-2 CAPE CORAL, FL-33904 CITY-ST-ZIP CITY-ST-7IP CAPE CORAL, FL 00000 Delete TITI F Change Addition NAME GOSLIN, LEO NAME STREET ADDRESS STREET ADDRESS 4014 S.E. 20TH PL., #A-7 CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL TITLE Delete TITLE ☐ Change Addition NAME ANDROFF, LOUIS NAME STREET ADDRESS 4026 SE 20TH PL C1 STREET ADDRESS CITY-ST-7IP CAPE CORAL FL 33904 CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition WILLIAMS, RUTH NAME NAME STREET ADDRESS 4018 SE 20TH PL 61 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CAPE CORAL FL 33904 TITLE ☐ Delete TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

Addition