

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-12-2007 90365 049 ****61.25

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1. Entity Name
NU-VIEW CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
805 SE 46TH LN
CAPE CORAL, FL 33904 US

Mailing Address
PROFESSIONALLY YOURS INC
PO BOX 100831
CAPE CORAL, FL 33910 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02142007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-2034482

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TEAQUE, GEORGE
PROFESSIONALLY YOURS INC
2517 SANTA BARBARA BLVD STE 11
CAPE CORAL, FL 33904

Name

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

2503 Del Prado Blvd. #500

Cape Coral

FL

Zip Code
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

Filing Fee is \$81.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME ADAMS, GENE
STREET ADDRESS 2608 SW 48TH TERR
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME MCKENNY, THOMAS
STREET ADDRESS 805 SE 46TH LN #102
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME WOLFE, WILLIAM
STREET ADDRESS 112 OAKWOOD DR
CITY-ST-ZIP FRANKLIN, VA 23851

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Delete
NAME NORTHROP, JUDY
STREET ADDRESS 2816 KINGS PT
CITY-ST-ZIP QUINCY, IL 62305

TITLE ☐ Change ☒ Addition
NAME Karl Stabenow
STREET ADDRESS 501 Stone Creek Ranch Rd.
CITY-ST-ZIP McGeeville TX 76657

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Harry Anderson-Director
STREET ADDRESS 65 Tennant Rd.
CITY-ST-ZIP Morgansville, NJ 07751

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/07

239-549-1393

Date

Daytime Phone #