

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748025

1. Entity Name

PARK VIEW POINTE OF CAPE CORAL CONDOMINIUM ASSOC

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90105 036 ****61.25

Principal Place of Business

4006 S.E. 20TH PLACE, A-8
CAPE CORAL FL 33904

Mailing Address

C/O PROFESSIONALLY YOURS, INC.
P.O. BOX 831
CAPE CORAL FL 33910-0700
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 100831

Suite, Apt. #, etc.

City & State

City & State
CAPE CORAL, FL

4. FEI Number

59-2034474

Applied For

Not Applicable

Zip

Country

33910

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OLSON, BARBARA
1342 SE 46 LN
STE 3
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME TD
STREET ADDRESS CLACK, JAMES
CITY-ST-ZIP 4010 SE 20 PL C7
CAPE CORAL FL 33904

TITLE ☒ Delete
NAME SD
STREET ADDRESS SPRINGER, G JOY
CITY-ST-ZIP 4010 SE 20 PL, C2
CAPE CORAL FL

TITLE ☐ Delete
NAME PD
STREET ADDRESS KNUDSTEIN, DAVID
CITY-ST-ZIP 4006 SE 20TH PL A5
CAPE CORAL FL

TITLE ☒ Delete
NAME VD
STREET ADDRESS DORN, GEORGE
CITY-ST-ZIP 4002 SE 20TH PL F4
CAPE CORAL FL

TITLE ☒ Delete
NAME VD
STREET ADDRESS ALOIA, EUGENE
CITY-ST-ZIP PO BOX 1434
CAPE CORAL FL 33910

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition
NAME SD
STREET ADDRESS WOODS, DENNIS
CITY-ST-ZIP 4006 SE 20TH PLACE # A1
CAPE CORAL, FL 33904

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

TITLE ☐ Change ☐ Addition
NAME VD
STREET ADDRESS ALOIA, GINO
CITY-ST-ZIP PO BOX 101434
CAPE CORAL, FL 33910

TITLE ☐ Change ☐ Addition
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)