

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 748025**

1. Entity Name

PARK VIEW POINTE OF CAPE CORAL CONDOMINIUM ASSOC**FILED****Apr 14, 2001 8:00 am**
Secretary of State

04-14-2001 90017 048 ****61.25

Principal Place of Business

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

Mailing Address

**PO BOX 100631
CAPE CORAL FL 33910
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2298047

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete
NAME **CLACK, JAMES**
STREET ADDRESS **4010 SE 20 PL C7**
CITY-ST-ZIP **CAPE CORAL FL 33904**TITLE **VD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☒ Delete
NAME **WOODS, DENNIS**
STREET ADDRESS **4006 SE 20TH PLACE #A1**
CITY-ST-ZIP **CAPE CORAL FL 33904**TITLE **SD** ☐ Change ☒ Addition
NAME **LEPPERT, RICHARD**
STREET ADDRESS **1714 SW 11TH AVE A4**
CITY-ST-ZIP **CAPE CORAL, FL 33914**TITLE **PD** ☐ Delete
NAME **KNUDSTEIN, DAVID**
STREET ADDRESS **4006 SE 20TH PL A5**
CITY-ST-ZIP **CAPE CORAL FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **ALOIA, GINO**
STREET ADDRESS **PO BOX 101434**
CITY-ST-ZIP **CAPE CORAL FL 33910**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☐ Change ☒ Addition
NAME **KOPEL, ROBERT**
STREET ADDRESS **4000 SE 20TH PL G1**
CITY-ST-ZIP **CAPE CORAL, FL 33904**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)