

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749769

1. Entity Name

GOLF VIEW MANOR II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

5667 RATTLESNAKE HAMMOCK RD
NAPLES FL 34113
US

Mailing Address

5667 RATTLESNAKE HAMMOCK RD
NAPLES FL 34113
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

59-2038189

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

RANDOLPH, TAD H
5651 RATTLESNAKE HAMMOCK RD #203C
NAPLES FL 34113

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 D ☐ Delete
NAME RANDOLPH, TAD H
STREET ADDRESS 5667 RATTLESNAKE HMK RD
CITY-ST-ZIP NAPLES FL 34113

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

TITLE PD ☐ Delete
NAME FAY, ARTHUR
STREET ADDRESS 5651 RATTLESNAKE HAMMOCK RD #204C
CITY-ST-ZIP NAPLES FL 34113

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

TITLE DT ☐ Delete
NAME DUESSELMANN, GAIL
STREET ADDRESS 5667 RATTLESNAKE HAMMOCK RD
CITY-ST-ZIP NAPLES FL 34113

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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:

ARTHUR FAY - PRESIDENT

Date

3/8/02

Daytime Phone #

941-775-8425



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)