

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 752184**

1. Entity Name

**GREEN VIEW CONDOMINIUM ASSOCIATION, INC.**

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90002 005 \*\*\*\*61.25

Principal Place of Business 3438 EAST LAKE RD #22 PALM HARBOR FL 34685 US	Mailing Address 3438 EAST LAKE RD #22 PALM HARBOR FL 34685-2413 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3440 EAST LAKE RD Suite, Apt. #, etc. SUITE 106 City & State PALM HARBOR FL Zip 34685	Country PINELLAS	3. Mailing Address 3440 EAST LAKE RD Suite, Apt. #, etc. SUITE 106 City & State PALM HARBOR FL Zip 34685	Country PINELLAS
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4. FEI Number <b>59-2040992</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**NOLAN, JAMES M**  
**3438 EAST LAKE RD**  
**#22**  
**PALM HARBOR FL 34685**

**7. Name and Address of New Registered Agent**

Name  
**JAMES M NOLAN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3440 EAST LAKE RD**  
**SUITE 106**  
 City  
**PALM HARBOR FL** **FL** Zip Code  
**34685**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD GOOD, CLARE 1001 TARTAN DRIVE #307 PALM HARBOR FL 34684	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAYMOND MALOY 1001 TARTAN DR #309 PALM HARBOR FL 34684	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIAN BLACKWOOD 1001 TARTAN DR #306 PALM HARBOR FL 34684	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BINDON, EDWIN 1001 TARTAN DR #203 PALM HARBOR FL 34684	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KING, EARL 1001 TARTAN DR #201 PALM HARBOR FL 34684	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOOD, CLARE 1001 TARTAN DRIVE #307 PALM HARBOR FL 34684	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MALOY, RAYMOND 1001 TARTAN DRIVE #309 PALM HARBOR FL 34684	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KING, EARL 1001 TARTAN DRIVE #201 PALM HARBOR FL 34684	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLANTAMURA, JOSEPH 1001 TARTAN DRIVE #104 PALM HARBOR FL 34684	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PODDI, THOMAS 1001 TARTAN DRIVE #106 PALM HARBOR FL 34684	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Clare Good* **SIGNATURE REQUIRED** 4/27/00 727-785-8887  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)