2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State
05-12-2000 90066 043 ****61.25

DOCUMENT # 760809

1. Entity Name

GULFVIEW VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8406 MASSACHUSETTS AVE.. STE B-3 NEW PORT RICHEY FL 34653	8406 MASSACHUSETTS AVE.. STE B-3 NEW PORT RICHEY FL 34653-3130

DO NOT WRITE IN THIS SPACE

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 59-2406784 ☐ 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
JOHNSON, KIM N 8406 MASSACHUSETTS AVE. NEW PORT RICHEY FL 34653	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CAMPBELL, BETTY JEAN 6441 DREXEL DR #4 PORT RICHEY FL 34668	☒ Delete	PD MUNGER DORATHY 6425 DREXAL DR UNIT D1 PORT RICHEY FL 34668	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RIOS, RAMON R 17719 SUNRISE DR LUTZ FL 34667	☒ Delete	VD D'AMATO JOSEPHINE 6431 DREXAL DRIVE UNIT C5 PORT RICHEY FL 34668	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, ALI 6401 DREXEL DR #4 PORT RICHEY FL 34668	☒ Delete	D PHILLIPS PAT 6405 DREXEL DR #F-2 PORT RICHEY FL 34668	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FARLOW, VIOLET 6425 DREXEL DR #5 PORT RICHEY FL 34668	☒ Delete	SD LINDA DAVIDS 1606 N CENTER CRESTHILL, IL. 60435	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FACILLA, LOUIS 8320 NEEDLES DR HUDSON FL 34667	☐ Delete	D RAY RIOS 17719 SUNRISE DR LUTZ FL 33549	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUNGER, DOROTHY 6425 DREXEL DR #1 PORT RICHEY FL 34668	☒ Delete	TR JUNE PARKER 6441 DREXEL DR #A7 PORT RICHEY FL 34668	☐ Change ☒ Addition

CR2E037 (9/99)

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: Dorothy M. Munger REQUIRED 3-14-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

#760809

6562234

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ANN DOLINSKI
6401 DREXEL DR #G2
PORT RICHEY FL 34668

ADDITION

D

JOE DOLINSKI
6401 DREXEL DR #G2
PORT RICHEY FL 34668

ADDITION