## **2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 760809** GULFVIEW VILLAS CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 8406 MASSACHUSETTS AVE., STE B-3 8406 MASSACHUSETTS AVE., STE B-3 **NEW PORT RICHEY FL 34653** NEW PORT RICHEY FL 34653-3130 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State 59-2406784

## FILED May 12, 2000 8:00 am Secretary of State

05-12-2000 90066 043 \*\*\*\*61.25

Applied For



DO NOT WRITE IN THIS SPACE

|  |   |  |  | 59-2406784  |  | ot Applicable  |  |
|--|---|--|--|---|--|--|--|
| Country  | Zip   | Country  | 5. Certificate   | of Status Desired   | \$8.75 Add<br>Fee Require  |  |  |
| 6. Name and Address of Current Registered Agent        |   |  | 7. Name and Address of New Registered Agent  |   |  |  |  |
|  |   | Name   |  |   |  |  |  |
| 10.111.00.00.00.00.00.00.00.00.00.00.00.               |   |  | Street Address (P.O. Box Number is Not Acceptable)   |   |  |  |  |
| JOHNSON, KIM N   |   | - Olicot?  | Chibot Addition (1.0. Box (Validor) to (10.5) cooperation  |   |  |  |  |
|  |   |  |  |   |  |  |  |
| RICHEY FL 34653  |   | City   | <u> </u>   |   | ■ Zip Cod  |  |  |
|  |   | City   |  | r   | L  |  |  |
|  |   |  |  |   |  |  |  |
| Signature, typed or printed name of registered agent a | nd title if applicable (NOT   | E: Registered Agent signal   | ture required when reinstating)  | DAII  | =<br>  |  |  |
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|  |   | · ·  | 44.55 maj 20   |   | -  | )  |  |
| FEE IS \$61.25   | Hust Fund Continu   | ullon.   | Added to Fees  | Departme  | ent of State   |  |  |
| OFFICERS AND DIR                                       | ECTORS  | 11.  | ADDITIONS/CHA  | ANGES TO OFFICERS AND   | DIRECTORS IN   | 1 10   |  |
|  |   | TITLE  | <del> </del>   | <u></u>   |  | Addition   |  |
| • —  |   | NAME   | JUNEAU TO THE  | ักบ <sub>ั</sub> ง  | ₹ ·  | _  |  |
|  |   | STREET ADDRESS   |  |   |  |  |  |
|  |   | CITY-ST-ZIP  | L .  |   |  |  |  |
| VD.  | Ø Delete  | TITLE  |  | <del>, _ <u>                                   </u></del>   | ☐ Change   | Addition   |  |
| RIOS, RAMON R  | 7   | , NAME   | t- =   | SEPHINE   |  | · ·  |  |
| 17719 SUNRISE DR                                       |   | STREET ADDRESS   |  |   | C5   |  |  |
| LUTZ FL 34667 -  |   | - ~ _CITY-ST-ZIP   | ,  |   |  |  |  |
| D  | <b>⊠</b> Delete   | TITLE  | D  |   | ☐ Change   | X Addition   |  |
| anderson, ali  |   | NAME   | PHILLIPS PA  | ·Τ  |  |  |  |
| 6401 DREXEL DR #4                                      |   | STREET ADDRESS   | 6405 DREXEL  | DR #F-2   |  |  |  |
| PORT RICHEY FL 34668                                   |   | CITY-ST-ZIP  | · I  |   |  |  |  |
| SD   | <b>⊠</b> Delete   | TITLE  | SD   |   | Change   | ₩ Addition   |  |
| FARLOW, VIOLET   |   | NAME   | = =  | S   |  | •  |  |
| 6425 DREXEL DR #5                                      |   | STREET ADDRESS   |  | - <u>-</u>  |  |  |  |
| PORT RICHEY FL 34668                                   |   | CITY-ST-ZIP  |  |   |  |  |  |
| D  | Delete  | TITLE  | D D  |   | 🖺 Change   | Addition   |  |
| FACILLA, LOUIS   |   | NAME   | RAY RIOS   |   |  |  |  |
| 8320 NEEDLES DR  |   | STREET ADDRESS   |  | SE DR   |  |  |  |
| HUDSON FL 34667  |   | CITY-ST-ZIP  |  |   |  | <del> </del>   |  |
| D  | Delete  | TITLE  | TR   |   | Change   | Addition   |  |
| Munger, Dorothy  |   | NAME   |  |   |  |  |  |
| 6425 DREXEL DR #1                                      |   | STREET ADDRESS CITY-ST-ZIP   |  | DR #A7  |  |  |  |
| PORT RICHEY FL 34668                                   |   |  |  |   |  |  |  |
|  | KIM N ACHUSETTS AVE. RICHEY FL 34653  The amed entity submits this statement for signature, typed or printed name of registered agent at the statement for signature, typed or printed name of registered agent at the statement for signature, typed or printed name of registered agent at the statement for signature, typed or printed name of registered agent at the statement for signature, typed or printed name of registered agent at the statement for signature, typed or printed name of registered agent at the statement for signature, typed or printed name of registered agent at the statement for signature, typed or printed name of registered agent at the statement for signature, typed or printed name of registered agent at the statement for signature, typed or printed name of registered agent at the statement for signature, typed or printed name of registered agent at the statement for signature, typed or printed name of registered agent at the statement for signature, typed or printed name of registered agent at the statement for signature, typed or printed name of registered agent at the statement for signature, typed or printed name of registered agent at the statement for signature, typed or printed name of registered agent at the statement for signature, typed or printed name of registered agent at the statement for signature, typed or printed name of registered agent at the statement for signature, typed or printed name of registered agent at the statement for signature, typed or printed name of registered agent at the statement for signature, typed or printed name of registered agent at the statement for signature, typed or signature, | 6. Name and Address of Current Registered Agent  KIM N ACHUSETTS AVE. RICHEY FL 34653  named entity submits this statement for the purpose of changing its  signature, typed or printed name of registered agent and title if applicable (NOT  FILE NOW: FEE IS \$61.25  OFFICERS AND DIRECTORS  PD  CAMPBELL, BETTY JEAN 6441 DREXEL DR #4 PORT RICHEY FL 34668  VD  RIOS, RAMON R 17719 SUNRISE DR LUTZ FL 34667  D  ANDERSON, ALI 6401 DREXEL DR #4 PORT RICHEY FL 34668  SD  ANDERSON, VIOLET 6425 DREXEL DR #5 PORT RICHEY FL 34668  D  Delete  FACILLA, LOUIS 8320 NEEDLES DR HUDSON FL 34667  D  MUNGER, DOROTHY  Delete  MUNGER, DOROTHY | 6. Name and Address of Current Registered Agent  Name  KIM N ACHUSETTS AVE. RICHEY FL 34653  City  named entity submits this statement for the purpose of changing its registered office of the purpose of changing its registered office | 6. Name and Address of Current Registered Agent  RIM N  ACHUSETTS AVE.  RICHEY FL 34653  City  City  City  Signature, typed or printed name of registered agent, or both  FEE IS \$61.25  OFFICERS AND DIRECTORS  PD  CAMPBELL, BETTY JEAN 6441 DREXEL DR #4 PORT RICHEY FL 34668  PORT RICHEY FL 34668  FRET ADDRESS OR  LITTLE  D ANDERSON, ALI  8401 DREXEL DR #4 PORT RICHEY FL 34668  FRET ADDRESS OR  D Delete  FRILLE NAME  STREET ADDRESS  G4 25 DREXEL  D ANDERSON, ALI  B401 DREXEL DR #4 PORT RICHEY FL 34668  FRECH 3 | 6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  KIM N  ACHUSETTS AVE.  RICHEY FL 34653  City  Fameword entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  Signature, hyped or printed name of registered agent and title if applicable  Port FILE NOW:  FEE IS \$61.25  FILE NOW:  FEE IS \$61.25  PORT RICHEY FL 34668  OFFICERS AND DIRECTORS  ADDITIONS/CHANGES TO OFFICERS AND PORT RICHEY FL 34668  OFFICERS AND DIRECTORS  ADDITIONS/CHANGES TO OFFICERS AND PORT RICHEY FL 34668  OFFICERS AND DIRECTORS  ADDITIONS/CHANGES TO OFFICERS AND PORT RICHEY FL 34668  OFFICERS AND DIRECTORS  AND Delete  FILE  ADDITIONS/CHANGES TO OFFICERS AND PORT RICHEY FL 34668  OFFICERS AND DIRECTORS  ADDITIONS/CHANGES TO OFFICERS AND PORT RICHEY FL 34668  OFFICERS | 8. Certificate of Status Desired   Fee Require   Fee Requi |  |

2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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

3-14-2000

Daytime Phone #

R2E037 (9/9)

#760809

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ANN DOLINSKI 6401 DREXEL DR #G2 PORT RICHEY FL 34668 ADDITION

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ADDITION

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