2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
05-15-2001 90181 014 ****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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 5313 Locust Place	Suite, Apt. #, etc. 5313 Locust Place
City & State New Port Richey	City & State New Port Richey
Zip 34652 Country USA	Zip 34652 Country USA

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

~~JOHNSON, KIM N~~
~~8406 MASSACHUSETTS AVE~~
~~NEW PORT RICHEY FL 34653~~

7. Name and Address of New Registered Agent

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 MUNGER, DORTHY 6425 DREXAL DR UNIT D1 PORT RICHEY FL 34668	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Sherri D. Rupell
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIOS, RAY 17719 SUNRISE DR LUTZ FL 34667	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PHILLIPS, PAT 6405 DREXEL DR #F-2 PORT RICHEY FL 34668 Pat Phillips	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DAVIS, LINDA 1606 N CENTER CRESTHILL IL 60435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD D'AMATO, JOSEPHINE 6431 DREXEL DRIVE UNIT C5 PORT RICHEY FL 34668	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR PARKER, JUNE 6441 DREXEL DRI #A7 PORT RICHEY FL 34668	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: Patricia Phillips REQUIRED 5-1-01 (727) 375-9880