2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State
02-25-2002 90104 008 ****61.25

DOCUMENT # 760809

1. Entity Name

GULFVIEW VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5313 LOCUST PLACE NEW PORT RICHEY FL 34652	5313 LOCUST PLACE NEW PORT RICHEY FL 34652

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

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

7. Name and Address of New Registered Agent

Name Lennard A. Leighton
Street Address (P.O. Box Number is Not Acceptable) 2189 Cleveland St. #225
City Clearwater, FL **FL** Zip Code 33765

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 _____ DATE 2/8/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D PHILLIPS, PAT 6405 DREXEL DR #F-2 PORT RICHEY FL 34668	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AD Phillips, Pat 6405-1 Drexel Drive Port Richey, FL 34668	☒ 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	VD Campbell, Betty Jean 6401-6 Drexel Drive Port Richey, FL 34668	☐ 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	TD Riopelle, Sherri 6405-3 Drexel Drive Port Richey, FL 34668	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Rios, Ramon 28606 Credence Drive Wesley Chapel, FL 33544	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Lombardi, Vincent 6431-8 Drexel Drive Port Richey, FL 34668	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: _____ SIGNATURE REQUIRED 2-15-02 727-849-8899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #