

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91047 018 ****61.25

DOCUMENT # 760809

1. Entity Name

GULFVIEW VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

5313 LOCUST PLACE
NEW PORT RICHEY FL 34652

Mailing Address

5313 LOCUST PLACE
NEW PORT RICHEY FL 34652

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

LEIGHTON, LEONARD A
2189 CLEVELAND ST
STE 225
CLEARWATER FL 33765

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PHILLIPS, PAT ☐ Delete
STREET ADDRESS 6405-1 DREKEL DRIVE
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE VD
NAME CAMPBELL, BETTYJEAN ☒ Delete
STREET ADDRESS 6401-6 DREXEL DRIVE
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE TD
NAME MANIATES, GEORGE ☐ Delete
STREET ADDRESS 10137 MIDAS DR
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE SD
NAME RIOS, RAMON ☐ Delete
STREET ADDRESS 28606 CREDENCE DRIVE
CITY-ST-ZIP ZEPHYRHILLS FL 33544

TITLE D
NAME LOMBARDI, VINCENT ☒ Delete
STREET ADDRESS 6431-8 DREXEL DR
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition
NAME Riopelle, Sherri Dawn
STREET ADDRESS 6405-3 Drexel Drive
CITY-ST-ZIP Port Richey, FL 34668

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Demogenes, George
STREET ADDRESS 6441-4 Drexel Drive
CITY-ST-ZIP Port Richey, FL 34668

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 6-17, 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:

PAT PHILLIPS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/4 727-846-940

Date

Daytime Phone #