2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90112 028 ****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

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
2189 CLEVELAND ST.	2189 CLEVELAND ST.
Suite, Apt. #, etc. SUITE 225	Suite, Apt. #, etc. SUITE 225
City & State CLEARWATER, FL	City & State CLEARWATER, FL
Zip: 33765 Country: U.S.	Zip: 33765 Country: U.S.

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

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

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

SIGNATURE _____ DATE
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
Due By May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PHILLIPS, PAT 6405-1 DREKEL DRIVE PORT RICHEY FL 34668	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD RIOPELLE, SHERRI DAWN 6405-3 DREXEL DR. PORT RICHEY FL 34668	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MANIATES, GEORGE 10137 MIDAS DR PORT RICHEY FL 34668	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JOHN AVRAMIDIS 6425-7 DREXEL DR. PORT RICHEY, FL 34668	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIOS, RAMON 28606 CREDENCE DRIVE ZEPHYRHILLS FL 33544	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WESLEY CHAPEL, FL 33544	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEMOGENES, GEORGE 6441-4 DREXEL DR. PORT RICHEY FL 34668	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ANITA LONG 6405-2 DREXEL DR. PORT RICHEY, FL 34668	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Sherri Dawn Riopelle 4/21/05 727-848-1401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #