

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90034 001 ****61.25

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1. Entity Name

GULFVIEW VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

2189 CLEVELAND ST
SUITE 225
CLEARWATER FL 33765

Mailing Address

2189 CLEVELAND ST
SUITE 225
CLEARWATER FL 33765



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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, 2006

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

TITLE VD ☐ Delete
NAME RIOPELLE, SHERRI DAWN
STREET ADDRESS 6405-3 DREXEL DR.
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE TD ☒ Delete
NAME AVRAMIDIS, JOHN
STREET ADDRESS 6425-7 DREXEL DR
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE D ☐ Delete
NAME RIOS, RAMON
STREET ADDRESS 28606 CREDENCE DRIVE
CITY-ST-ZIP WESLEY CHAPEL FL 33544

TITLE SD ☐ Delete
NAME LONG, ANITA
STREET ADDRESS 6405-2 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 ☒ Change ☐ Addition
NAME
STREET ADDRESS 6405-1 DREXEL DRIVE
CITY-ST-ZIP

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

TITLE TD ☐ Change ☒ Addition
NAME NICHOLAS CAFFENTZIS
STREET ADDRESS 6405-4 DREXEL DR
CITY-ST-ZIP PORT RICHEY, FL 34668

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

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

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 exemptions contained in Section 119, 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:

Pat Phillips

2/9/06

727-868-9778