

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90035 047 ****61.25

DOCUMENT # 760809

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

2-14-07

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 DR	
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	CAFFENTZIS, NICHOLAS	
STREET ADDRESS	6405-4 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	PD	☐ Change ☒ Addition
NAME	KINGSLEY, DENISE	
STREET ADDRESS	6401-3 DREXEL DR.	
CITY, ST, ZIP	PORT RICHEY, FL 34668	
TITLE	VD	☐ Change ☒ Addition
NAME	DOLINSKI, JOSEPH	
STREET ADDRESS	6401-2 DREXEL DR	
CITY, ST, ZIP	PORT RICHEY, FL 34668	
TITLE	SD	☐ Change ☒ Addition
NAME	KENNEY, PAT	
STREET ADDRESS	6401-7 DREXEL DR	
CITY, ST, ZIP	PORT RICHEY, FL 34668	
TITLE	TD	☐ Change ☒ Addition
NAME	BELL, DON	
STREET ADDRESS	6441-2 DREXEL DR.	
CITY, ST, ZIP	PORT RICHEY, FL 34668	
TITLE	ASD	☐ Change ☒ Addition
NAME	SHIRE, CLAIRE	
STREET ADDRESS	6441-1 DREXEL DR	
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 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:

Denise Kingsley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-7

727
845 7906

Date

Daytime Phone #