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	Mailing Address
2189 CLEVELAND ST SUITE 225 CLEARWATER FL 33765	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 _____ 2-14-07
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, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☒ Delete	TITLE	P D ☐ Change ☒ Addition
NAME	PHILLIPS, PAT	NAME	KINGSLEY, DENISE
STREET ADDRESS	6405-1 DREXEL DR	STREET ADDRESS	6401-3 DREXEL DR.
CITY, ST, ZIP	PORT RICHEY FL 34668	CITY ST ZIP	PORT RICHEY, FL 34668
TITLE	VD ☒ Delete	TITLE	VD ☐ Change ☒ Addition
NAME	RIOPELLE, SHERRI DAWN	NAME	DOLINSKI, JOSEPH
STREET ADDRESS	6405-3 DREXEL DR.	STREET ADDRESS	6401-2 DREXEL DR
CITY ST ZIP	PORT RICHEY FL 34668	CITY ST ZIP	PORT RICHEY, FL 34668
TITLE	TD ☒ Delete	TITLE	SD ☐ Change ☒ Addition
NAME	CAFFENTZIS, NICHOLAS	NAME	KENNEY, PAT
STREET ADDRESS	6405-4 DREXEL DR	STREET ADDRESS	6401-7 DREXEL DR
CITY ST ZIP	PORT RICHEY FL 34668	CITY ST ZIP	PORT RICHEY, FL 34668
TITLE	D ☒ Delete	TITLE	TD ☐ Change ☒ Addition
NAME	RIOS, RAMON	NAME	BELL, DON
STREET ADDRESS	28606 CREDENCE DRIVE	STREET ADDRESS	6441-2 DREXEL DR.
CITY ST ZIP	WESLEY CHAPEL FL 33544	CITY ST ZIP	PORT RICHEY, FL 34668
TITLE	SD ☒ Delete	TITLE	ASD ☐ Change ☒ Addition
NAME	LONG, ANITA	NAME	SHIRE, CLAIRE
STREET ADDRESS	6405-2 DREXEL DR	STREET ADDRESS	6441-1 DREXEL DR
CITY ST ZIP	PORT RICHEY FL 34668	CITY ST ZIP	PORT RICHEY, FL 34668
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		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: x Denise Kingsley 2-21-7 x 727 895 7906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #