

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760809

FILED  
Mar 31, 2008  
Secretary of State

Entity Name: GULFVIEW VILLAS CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

2189 CLEVELAND ST  
SUITE 225  
CLEARWATER, FL 33765

## Current Mailing Address:

2189 CLEVELAND ST  
SUITE 225  
CLEARWATER, FL 33765

## New Principal Place of Business:

5901 US HWY 19  
SUITE 7Q  
NEW PORT RICHEY, FL 34652

## New Mailing Address:

5901 US HWY 19  
SUITE 7Q  
NEW PORT RICHEY, FL 34652

FEI Number: 59-2406784

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

QUALIFIED PROPERTY MANAGEMENT  
5901 US HWY 19  
SUITE 7Q  
NEW PORT RICHEY, FL 34652 US

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.

SIGNATURE: MARY WHITE

03/31/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: KINGSLEY, DENISE  
Address: 6401-3 DREXEL DR.  
City-St-Zip: PORT RICHEY, FL 34668

Title: VD ( ) Delete  
Name: DOLINSKI, JOSEPH  
Address: 6401-2 DREXEL DR.  
City-St-Zip: PORT RICHEY, FL 34668

Title: SD ( ) Delete  
Name: KENNEY, PAT  
Address: 6401-7 DREXEL DR.  
City-St-Zip: PORT RICHEY, FL 34668

Title: TD ( ) Delete  
Name: BELL, DON  
Address: 6441-2 DREXEL DR.  
City-St-Zip: PORT RICHEY, FL 34668

Title: ASD ( ) Delete  
Name: SHIRE, CLAIRE  
Address: 6441-1 DREXEL DR.  
City-St-Zip: PORT RICHEY, FL 34668

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CAMPBELL, BETTY  
Address: 5901 US HWY 19  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VD (X) Change ( ) Addition  
Name: DOLINSKI, JOSEPH  
Address: 5901 US HWY 19  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD (X) Change ( ) Addition  
Name: SANTO, ALEIDA  
Address: 5901 US HWY 19  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD (X) Change ( ) Addition  
Name: BELL, DON  
Address: 5901 US HWY 19  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D (X) Change ( ) Addition  
Name: KENNEY, PATRICIA  
Address: 5901 US HWY 19  
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY WHITE

CEO

03/31/2008

Electronic Signature of Signing Officer or Director

Date