

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90078 026 ****61.25

DOCUMENT # 760809

1. Entity Name

GULFVIEW VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**5313 LOCUST PLACE
NEW PORT RICHEY FL 34652**

Mailing Address

**5313 LOCUST PLACE
NEW PORT RICHEY FL 34652**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**JOHNSON, KIM N
8406 MASSACHUSETTS AVE.
NEW PORT RICHEY FL 34653**

7. Name and Address of New Registered Agent

Name **Leighton, Leonard A.**
Street Address (P.O. Box Number is Not Acceptable)
**2189 Cleveland St.
Ste 225**
City **Clearwater** FL Zip Code **33765**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD PHILLIPS, PAT 6405-1 DREKEL DRIVE PORT RICHEY FL 34668	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAMPBELL, BETTYJEAN 6401-6 DREXEL DRIVE PORT RICHEY FL 34668	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIOPELLE, SHERRI 6405-3 DREXEL DRIVE PORT RICHEY FL 34668	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIOS, RAMON 28606 CREDENCE DRIVE ZEPHYRHILLS FL 33544	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	George Maniates 10137 Midas Drive Port Richey, FL 34668	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vincent Lombardi 6431-8 Drexel Drive Port Richey, FL 34668	☐ Change ☒ Addition
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:

Patricia Phillips **RECEIVED** **PHILLIPS** **03/27/03** **727-846-9429**

CR2E037 (10/02)