

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

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90169 010 ****61.25

DOCUMENT # N00000000-180

1. Entity Name

G & W PARK CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18260 PAULSON DR

Suite, Apt. #, etc.

3. Mailing Address

18260 PAULSON DR

Suite, Apt. #, etc.

UNIT D-2-3-4

DO NOT WRITE IN THIS SPACE

City & State

PORT CHARLOTTE FL

City & State

PORT CHARLOTTE FL

4. FEI Number

65-1115337

Applied For

Not Applicable

Zip

33954

Country

USA

Zip

33954

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name THOMAS JOYCE

Street Address (P.O. Box Number is Not Acceptable)

18260 PAULSON DRIVE UNIT D-2-3-4

City

PORT CHARLOTTE

FL

Zip Code

33954

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.

SIGNATURE

THOMAS JOYCE PD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PRESIDENT
THOMAS JOYCE
18260 PAULSON DR UNIT D-2-3-4
PORT CHARLOTTE FL 33954

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V. PRES
ROBERT DI FABRIO
18260 PAULSON DRIVE UNIT D-2-3-4
PORT CHARLOTTE FL 33954

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TREASURER
ROBERT MARSHALL
18260 PAULSON DR UNIT D-2-3-4
PORT CHARLOTTE FL 33954

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

THOMAS JOYCE PD

THOMAS JOYCE PD 941-255-5624

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)