

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90085 046 ****61.25

40038629



01292007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-1098856

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WAGNER, THERESE A
GULF VIEW PROPERTY MGMT INC
2335 9TH ST N 505
NAPLES, FL 34103

7. Name and Address of New Registered Agent

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

Filing 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 **D** ☐ Delete
NAME **CARNEY, BEVERLY**
STREET ADDRESS **28200 OLD 41 RD 201**
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE **TD** ☐ Delete
NAME **SAN SOUCI, MARGIE**
STREET ADDRESS **28190 OLD 41 RD 104**
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE **PD** ☐ Delete
NAME **HUNTER, SCOTT**
STREET ADDRESS **28200 OLD 41 RD 104**
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE **VPD** ☐ Delete
NAME **MONTGOMERY, MARK**
STREET ADDRESS **28210 OLD 41 RD 304**
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE **SD** ☐ Delete
NAME **EMENS, KAREN**
STREET ADDRESS **28190 OLD 41 RD 101**
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE PRES/DIRECTOR** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PRESIDENT/DIRECTOR** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Chapter 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

239-403-7991
Daytime Phone #