

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90336 041 ****61.25

DOCUMENT # N02000001000

1. Entity Name

TOWN VIEW VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

375 3RD AVE. S.
NAPLES FL 34102

Mailing Address

1155 4TH ST. S
NAPLES FL 34102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**THOMPSON, STUART A ESQ
2272 AIRPORT RD. S, STE. 101
NAPLES FL 34112**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 ☐ Delete
NAME **D**
STREET ADDRESS **GOLDBERG, GERALD I**
CITY-ST-ZIP **5454 WISCONSIN AVE., STE. 105
CHEVY CHASE MD 20815**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GOLDBERG, BRONWEN A**
CITY-ST-ZIP **5454 WISCONSIN AVE., STE. 105
CHEVY CHASE MD 20815**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **YAZHARY, RANDALL R**
CITY-ST-ZIP **5454 WISCONSIN AVE., STE. 105
CHEVY CHASE MD 20815**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

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:

Gerald I Goldberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

24047260



MOORE

CR2E037 (11/03)

4. FEI Number
NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**