

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

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90298 017 \*\*\*\*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**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number**

Applied For

☒ Not Applicable

**5. Certificate of Status Desired**

☐ **\$8.75 Additional  
Fee Required**

**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**

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

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

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

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**STREET ADDRESS**  
**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:**

*Signature of Gerald I. Goldberg*  
**GERALD I. GOLDBERG** **4/23/03** **239-435-0549**

CR2E037 (10/02)