

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90276 048 ****61.25

DOCUMENT # N07150

1. Corporation Name

GOLFVIEW OF CAPRI CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**924-A CAPRI ISLES BLVD.
VENICE FL 34292**

Mailing Address
**924-A CAPRI ISLES BLVD.
VENICE FL 34292**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

01/16/1985

4. FEI Number

59-2828535

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**QUINLAN, ROBERT G.
918 CAPRI ISLE BLVD. STE 108
UNIT 123
VENICE FL 34292**

10. Name and Address of New Registered Agent

81 Name

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

83 **"OMIT" UNIT 123"**

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **LEGER, RAYMOND**
STREET ADDRESS **920 CAPRI ISLES BLVD #212**
CITY-ST-ZIP **VENICE FL 34292**

TITLE **VPD** ☐ DELETE
NAME **SCHAFER, CHRISTINE**
STREET ADDRESS **926 CAPRI ISLE BLVD #127**
CITY-ST-ZIP **VENICE FL 34292**

TITLE **TD** ☐ DELETE
NAME **QUINLAN, ROBERT G**
STREET ADDRESS **918 CAPRI ISLE BLVD. STE 108**
CITY-ST-ZIP **VENICE FL**

TITLE **DS** ☒ DELETE
NAME **SECATORE, EUNICE**
STREET ADDRESS **928 CAPRI ISLES BLVD #231**
CITY-ST-ZIP **VENICE FL 34292**

TITLE **SD** ☐ DELETE
NAME **STEVENS, KATHLEEN**
STREET ADDRESS **920 CAPRI ISLE BLVD. STE 210**
CITY-ST-ZIP **VENICE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **RONALD CIAMACHIELLA**
1.3 STREET ADDRESS **920 CAPRI ISLES BLVD #113**
1.4 CITY-ST-ZIP **VENICE FL 34292**

2.1 TITLE **DS** ☒ Change ☐ Addition
2.2 NAME **SCHAFER, CHRISTINE**
2.3 STREET ADDRESS **926 CAPRI ISLES BLVD #127**
2.4 CITY-ST-ZIP **VENICE FL 34292**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **VPD** ☐ Change ☒ Addition
4.2 NAME **CAROL MONTGOMERY**
4.3 STREET ADDRESS **926 CAPRI ISLES BLVD #124**
4.4 CITY-ST-ZIP **VENICE FL 34292**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert G. Quinlan** 4/20/99 941-484-2121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ROBERT G. QUINLAN** Date Daytime Phone #

CR2E037-11/98