

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07150

1. Entity Name

GOLFVIEW OF CAPRI CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90105 009 ****61.25

Principal Place of Business

Mailing Address

924-A CAPRI ISLES BLVD.
VENICE FL 34292
US

924-A CAPRI ISLES BLVD.
VENICE FL 34292-4466
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2828535

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **CIAMMAICHELLA, RONALD**

Street Address (P.O. Box Number is Not Acceptable)
920 CAPRI ISLES BLVD #113

VENICE FL

City

FL

Zip Code
34292

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

Ronald Ciammaichella

Ronald Ciammaichella

2/17/00

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CIAMMAICHELLA, RONALD
920 CAPRI ISLES BLVD, #113
VENICE FL 34292 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
SHAFER, CHRISTINE
926 CAPRI ISLES BLVD, #127
VENICE FL 34292 ☐ Delete

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
MONTGOMERY, CAROL
926 CAPRI ISLES BLVD., #124
VENICE FL 34292 ☐ Delete

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

Ronald Ciammaichella

Ronald Ciammaichella

2/17/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)