

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07150

1. Entity Name

GOLFVIEW OF CAPRI CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

924-A CAPRI ISLES BLVD.
VENICE FL 34292
US

Mailing Address

924-A CAPRI ISLES BLVD.
VENICE FL 34292
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2828535

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLAMAICHELLA, RONALD
920 CAPRI ISLE BLVD #113
VENICE FL 34292

7. Name and Address of New Registered Agent

Name WILLIAM PROUT
Street Address (P.O. Box Number is Not Acceptable)
918 CAPRI ISLES BLVD
#205
City VENICE 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 *William Prout*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/21/01

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 CLAMAICHELLA, RONALD 920 CAPRI ISLES BLVD, #113 VENICE FL 34292	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHAHER, CHRISTINE 926 CAPRI ISLES BLVD, #127 VENICE FL 34292	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD QUINLAN, ROBERT G 918 CAPRI ISLE BLVD. STE 108 VENICE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MONTGOMERY, CAROL 926 CAPRI ISLES BLVD., #124 VENICE FL 34292	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEVENS, KATHLEEN 920 CAPRI ISLE BLVD. STE 210 VENICE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAM PROUT 918 CAPRI ISLES BLVD #205 VENICE, FL. 34292	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CHARLES EHLENBACH 920 CAPRI ISLES BLVD. #114 VENICE, FL. 34292	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LARRY SPATZ 924 CAPRI ISLES BLVD. #222 VENICE, FL. 34292	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DONALD LARKIN 926 CAPRI ISLES BLVD #128 VENICE, FL. 34292	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAURICE SCHAFER 918 CAPRI ISLES BLVD #107 VENICE, FL. 34292	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Larry Spatz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/01

941/488-3305

Date

Daytime Phone #

0077561

CR2E037 (10/00)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90003 015 *****61.25



DO NOT WRITE IN THIS SPACE