2002 UNIFORM BUSINESS REPORT (UBR)

Mar 26, 2002 8:00 am **DOCUMENT # N07150** Secretary of State 1. Entity Name 03-26-2002 90082 001 ****61.25 GOLFVIEW OF CAPRI CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 924-A CAPRI ISLES BLVD. 924-A CAPRI ISLES BLVD. VENICE FL 34292 VENICE FL 34292 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2828535 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent OM Street Address PROUT, WILLIAM 918 CAPRI ISLAE BLVD. # 205 VENICE City VENICE FL 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. PRESIDENT Change Addition (0/6) PD TITLE Delete TITLE TOM MC INTYRE 926 CAPRI ISLES BLUD # 224 PROUT, WILLIAM NAME NAME STREET ADDRESS 918 CAPRI ISLES BLVD. # 205 STREET ADDRESS CITY-ST-7IP VENICE FL. 34292 CITY-ST-7IP VENICE FL 34292 DS ☐ Change ☐ Addition TITLE □ Delete TITLE EHLENBACH, CHARLES NAME NAME STREET ADDRESS STREET ADDRESS 920 CAPRI ISLES BLVD. CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34292 ☐ Delete TITLE ☐ Change ☐ Addition TITLE SPATZ, LARRY NAME NAME STREET ADDRESS STREET ADDRESS 924 CAPRI ISLES BLVD. # 222 CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34292 VICE PRESIDENT Addition VPD Delete TITLE TITLE CHRISTINE SCHAFER 926 CAPRI ISLES BLVD # 127 Larkin, Donald NAME 926 CAPRI ISLES BLVD. # 128 STREET ADDRESS STREET ADDRESS VENICE, FL 34292 CITY-ST-ZIP CITY-ST-7IP VENICE FL 34292 Delete TITLE TITLE HARRY STEVENS BLUD # 210 SCHAFER, MAURICE NAME NAME STREET ADDRESS 918 CAPRI ISLES BLVD. # 107 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34292 ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS 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 trusted 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 empowere,

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF S