


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90044 049 ****61.25

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 <div style="text-align: center; font-size: 1.2em;">SAME</div>		3. Mailing Address <div style="text-align: center; font-size: 1.2em;">SAME</div>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 		4. FEI Number <div style="text-align: center;">59-2828535</div>	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZOLFO, MICHAEL 918 CAPRI ISLES BLVD #207 VENICE FL 34292				7. Name and Address of New Registered Agent Name JOE CAVEDINE Street Address (R.O. Box Number is Not Acceptable) 926 CAPRI ISLES BLVD #226 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Joseph Cavedine</i> JOE CAVEDINE, PRESIDENT 2/28/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZOLFO, MICHAEL 918 CAPRI ISLES BLVD. #207 VENICE FL 34292	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOE CAVEDINE 926 CAPRI ISLES #226 VENICE, FL. 34292	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EVERTZ, KARL 918 CAPRI ISLES BLVD., #208 VENICE FL 34292	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RON CIAMMAICHELLA 920 CAPRI ISLES #113 VENICE, FL. 34292	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPATZ, LARRY 924 CAPRI ISLES BLVD. # 222 VENICE FL 34292	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD STERLING HOSTETLER 922 CAPRI ISLES #216 VENICE, FL. 34292	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD SCHAFFER, CHRISTINE 926 CAPRI ISLES BLVD #127 VENICE FL 34292	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD HARRY STEVENS 920 CAPRI ISLES # 210 VENICE, FL. 34292	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD SCHAFFER, MAURICE 918 CAPRI ISLES BLVD. #107 VENICE FL 34292	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD HARRY STEVENS 920 CAPRI ISLES # 210 VENICE, FL. 34292	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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: <i>Larry Spatz</i> LARRY SPATZ, TREASURER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				94/488-3305 <small>Daytime Phone #</small>	