

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90159 037 \*\*\*\*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

**SAME**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

**MCINTYRE, TOM**  
**926 CAPRI ISLES BLVD**  
**#224**  
**VENICE FL 34292**

7. Name and Address of New Registered Agent

Name

**ZOLFO, MICHAEL**

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

**918 CAPRI ISLES BLVD**

**#207**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                             |                                            |
|----------------|-----------------------------|--------------------------------------------|
| TITLE          | P                           | <input checked="" type="checkbox"/> Delete |
| NAME           | MCINTYRE, TOM               |                                            |
| STREET ADDRESS | 926 CAPRI ISLES BLVD #224   |                                            |
| CITY-ST-ZIP    | VENICE FL 34292             |                                            |
| TITLE          | DS                          | <input checked="" type="checkbox"/> Delete |
| NAME           | EHLNBACH, CHARLES           |                                            |
| STREET ADDRESS | 920 CAPRI ISLES BLVD.       |                                            |
| CITY-ST-ZIP    | VENICE FL 34292             |                                            |
| TITLE          | TD                          | <input type="checkbox"/> Delete            |
| NAME           | SPATZ, LARRY                |                                            |
| STREET ADDRESS | 924 CAPRI ISLES BLVD. # 222 |                                            |
| CITY-ST-ZIP    | VENICE FL 34292             |                                            |
| TITLE          | VP                          | <input checked="" type="checkbox"/> Delete |
| NAME           | SCHAFER, CHRISTINE          |                                            |
| STREET ADDRESS | 926 CAPRI ISLES BLVD #127   |                                            |
| CITY-ST-ZIP    | VENICE FL 34292             |                                            |
| TITLE          | SD                          | <input checked="" type="checkbox"/> Delete |
| NAME           | STEVENS, HARRY              |                                            |
| STREET ADDRESS | 920 CAPRI ISLES BLVD #210   |                                            |
| CITY-ST-ZIP    | VENICE FL 34292             |                                            |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |                                            |
| STREET ADDRESS |                             |                                            |
| CITY-ST-ZIP    |                             |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                               |                                                                              |
|----------------|-------------------------------|------------------------------------------------------------------------------|
| TITLE          | PRESIDENT                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | ZOLFO, MICHAEL                |                                                                              |
| STREET ADDRESS | 918 CAPRI ISLES BLVD #207 "D" |                                                                              |
| CITY-ST-ZIP    | VENICE, FL 34292              |                                                                              |
| TITLE          | VICE PRESIDENT                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | EUERTZ, KARL                  |                                                                              |
| STREET ADDRESS | 918 CAPRI ISLES BLVD #208 "D" |                                                                              |
| CITY-ST-ZIP    | VENICE, FL 34292              |                                                                              |
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |                                                                              |
| STREET ADDRESS |                               |                                                                              |
| CITY-ST-ZIP    |                               |                                                                              |
| TITLE          | RECORDING SECRTY.             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | SCHAFER                       |                                                                              |
| STREET ADDRESS |                               |                                                                              |
| CITY-ST-ZIP    |                               |                                                                              |
| TITLE          | CORRESPONDING SECRTY          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | SCHAFER, MAURICE              |                                                                              |
| STREET ADDRESS | 918 CAPRI ISLES BLVD #107 "D" |                                                                              |
| CITY-ST-ZIP    | VENICE, FL 34292              |                                                                              |
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |                                                                              |
| 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 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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**LARRY SPATZ, Treasurer**

**2/24/03**

**941/488-3325**

Date

Daytime Phone #

CR2E037 (10/02)