

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90022 025 ****61.25

DOCUMENT # N16771

1. Entity Name

**ST. ANDREWS AT GOLFVIEW CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**14849 HOLE-IN-ONE CIRCLE
FORT MYERS FL 33906-8289
US**

Mailing Address

**14849 HOLE-IN-ONE CIRCLE
FORT MYERS FL 33906-8289
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

65-0034763

Applied For

Not Applied

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

**CATOE, DENNIS
509 EDISON AVENUE
LEHIGH ACRES FL 33936**

Name

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

City

FL

Zip Code

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
Due By May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	HUMBLE, BARRY	
STREET ADDRESS	14831 HOLE-IN-ONE CIRCLE #305	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	STD	<input type="checkbox"/> Delete
NAME	NERI, JOSEPH	
STREET ADDRESS	14831 HOLE-IN-ONE 410	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DUFFEY, TOM	
STREET ADDRESS	14831 HOLE-IN-ONE CIRCLE, S.W. #205	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	JOHNSON, JEAN	
STREET ADDRESS	14831 HOLE IN ONE CIRCLE SW. #104	
CITY-ST-ZIP	FT MYERS FL 33919-7121	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCGINN, TOM	
STREET ADDRESS	14831 SW HOLE-IN-ONE CIR	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

D
FAYE FROCHLICH
14831-HOLE-IN-ONE CIRCLE #105
FT. Myers, FL. 33919

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 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

Date

Daytime Phone #

Tom Duffey **3-15-05** **239-489-3808**