

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16772

1. Entity Name

GOLFVIEW GOLF & RACQUET CLUB COMMUNITY ASSOCIATI

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90001 040 \*\*\*\*61.25

Principal Place of Business Mailing Address  
14849 HOLE IN ONE CIRCLE SW 14849 HOLE-IN-ONE CIRCLE  
\*\*\*\*\* FORT MYERS FL 33919-2138  
FORT MYERS FL 33919 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 65-0048149 Applied For Not Applicable

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  
5732 SANDPIPER PLACE SW  
FT. MYERS FL 33919

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.

SIGNATURE DENNIS CATOE MANAGER 3-20-2000  
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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                  |                                            |
|----------------|----------------------------------|--------------------------------------------|
| TITLE          | VPD                              | <input checked="" type="checkbox"/> Delete |
| NAME           | SULLIVAN, DOUG                   |                                            |
| STREET ADDRESS | 14871 HOLE-IN-ONE CIR            |                                            |
| CITY-ST-ZIP    | FT MYERS FL 33919                |                                            |
| TITLE          | SD                               | <input type="checkbox"/> Delete            |
| NAME           | BRENNER, PAULINE                 |                                            |
| STREET ADDRESS | 14911 HOLE IN ONE CIRCLE         |                                            |
| CITY-ST-ZIP    | FT. MYERS FL                     |                                            |
| TITLE          | D                                | <input type="checkbox"/> Delete            |
| NAME           | MANFREE, MIKE                    |                                            |
| STREET ADDRESS | 14777 HOLE IN ONE CIRCLE         |                                            |
| CITY-ST-ZIP    | FT MYERS FL                      |                                            |
| TITLE          | TD                               | <input type="checkbox"/> Delete            |
| NAME           | GROSS, JOHN                      |                                            |
| STREET ADDRESS | 14891 HOLE-IN-ONE CIR            |                                            |
| CITY-ST-ZIP    | FT MYERS FL 33919                |                                            |
| TITLE          | PD                               | <input type="checkbox"/> Delete            |
| NAME           | DUFFEY, THOMAS                   |                                            |
| STREET ADDRESS | 14831 HOLE IN ONE CIR #205       |                                            |
| CITY-ST-ZIP    | FT MYERS FL                      |                                            |
| TITLE          | D                                | <input checked="" type="checkbox"/> Delete |
| NAME           | NAVOTNY, GARY                    |                                            |
| STREET ADDRESS | 14961 HOLE-IN-ONE CIRCLE SW #101 |                                            |
| CITY-ST-ZIP    | FT MYERS FL                      |                                            |

|                |                          |                                                                              |
|----------------|--------------------------|------------------------------------------------------------------------------|
| TITLE          | VPD                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Angelo DeBenedictis      |                                                                              |
| STREET ADDRESS | 14861 HOLE-IN-ONE CIRCLE |                                                                              |
| CITY-ST-ZIP    | Fort Myers, FL 33919     |                                                                              |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |                                                                              |
| STREET ADDRESS |                          |                                                                              |
| CITY-ST-ZIP    |                          |                                                                              |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |                                                                              |
| STREET ADDRESS |                          |                                                                              |
| CITY-ST-ZIP    |                          |                                                                              |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |                                                                              |
| STREET ADDRESS |                          |                                                                              |
| CITY-ST-ZIP    |                          |                                                                              |
| TITLE          | D                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Tony Rizzo               |                                                                              |
| STREET ADDRESS | 14871 HOLE-IN-ONE CIRCLE |                                                                              |
| CITY-ST-ZIP    | Fort 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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas Duffey REQUESTED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-2000 489-3808  
Date Daytime Phone #

CR2E037 (9/99)