

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

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90089 026 ****61.25

DOCUMENT # N16772 1. Entity Name GOLFVIEW GOLF & RACQUET CLUB COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 14849 HOLE IN ONE CIRCLE SW FORT MYERS FL 33919 US		Mailing Address 14849 HOLE-IN-ONE CIRCLE FORT MYERS FL 33919-7147 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0048149	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required Applied For ☐ Not Applicable ☒	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CATOE, DENNIS 509 EDISON AVE. FORT MYERS 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 <u>Dennis Catoe</u> Signature, typed or printed name of registered agent and title if applicable.		<u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating)		<u>3-18-2004</u> DATE	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	STOKES, MARGARET		NAME		
STREET ADDRESS	14861 HOLE-IN-ONE-CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33919		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	ROSS, GERALD		NAME		
STREET ADDRESS	14851 HOLE-IN-ONE		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		CITY-ST-ZIP		
TITLE	SD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	O'CONNOR, VINCE		NAME		
STREET ADDRESS	14771 HOLE-IN-ONE		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		CITY-ST-ZIP		
TITLE	TD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	GROSS, JOHN		NAME		
STREET ADDRESS	14891 HOLE-IN-ONE CIR		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33919		CITY-ST-ZIP		
TITLE	PD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	DUFFEY, THOMAS		NAME		
STREET ADDRESS	14831 HOLE IN ONE CIR #205		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	RIZZO, TONY		NAME		
STREET ADDRESS	14871 HOLE-IN-ONE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33919		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: <u>Tom Duffey</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>Tom Duffey</u> DATE		<u>3-18-2004</u> Daytime Phone #	

239-
489-3808