

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

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N46384

1. Entity Name

**MUIRFIELD AT GOLFVIEW CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**14849 HOLE-IN-ONE CIRCLE
FT MYERS FL 33906-1289
US**

Mailing Address

**14849 HOLE-IN-ONE CIRCLE
FT MYERS FL 33906-1289
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

65-0343138

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
509 EDISON AVE
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]

Dennis Catoe - Manager

3-15-2005

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

TITLE	D	<input type="checkbox"/> Delete
NAME	COLDIROW, JAMES	
STREET ADDRESS	14891 HOLE-IN-ONE CIR.	
CITY- ST- ZIP	FT. MYERS FL 33919	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GOTTBERG, HANK	
STREET ADDRESS	14891 HOLE-IN-ONE CIRCLE	
CITY- ST- ZIP	FORT MYERS FL 33919	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GROSS, JR., JOHN	
STREET ADDRESS	14849 HOLE-IN-ONE #106	
CITY- ST- ZIP	FORT MYERS FL 33919	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARON, COHER	
STREET ADDRESS	14891 HOLE-IN-ONE #PH-6	
CITY- ST- ZIP	FT. MYERS FL 33919	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FRAWLEY, DON	
STREET ADDRESS	14891 HOLE-IN-ONE CIRCLE #105	
CITY- ST- ZIP	FORT MYERS FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		<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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]

John A Gross Jr

3-15-05 239-489-3808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #