

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90244 005 ****61.25

DOCUMENT # N51304

1. Entity Name

PEBBLE BEACH AT GOLFVIEW CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business

Mailing Address

14849 HOLE-IN-ONE CIRCLE
FT MYERS FL 33919-7147
US

14849 HOLE-IN-ONE CIRCLE
FT MYERS FL 33919-7147
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

65-0424437

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 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]
(Signature typed or printed name of registered agent and title if applicable)

Dennis J. Catoe
(NOTE: Registered Agent signature required when reinstating)

3-16-2006
DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 VP ☐ Delete
NAME BLOOD, PAT
STREET ADDRESS 14751 HOLE-IN-ONE
CITY-ST-ZIP FT MYERS FL 33919

TITLE DT ☐ Delete
NAME FRITZ, BERNIE
STREET ADDRESS 14751 HOLE-IN-ONE CIRCLE
CITY-ST-ZIP FORT MYERS FL 33919

TITLE D ☐ Delete
NAME DILDONATO, ALBERT
STREET ADDRESS 14751 HOLE-IN-ONE CIRCLE 101
CITY-ST-ZIP FT. MYERS FL 33919

TITLE P ☒ Delete
NAME SWARTZ, RAY
STREET ADDRESS 14751 HOLE IN ONE CIRCLE
CITY-ST-ZIP FORT MYERS FL 33919

TITLE DS ☐ Delete
NAME JOHNSON, DEBBIE
STREET ADDRESS 14751 HOLE-IN-ONE CIRCLE 305
CITY-ST-ZIP FT MYERS FL 33919

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME *Woscichowicz, Neal*
STREET ADDRESS *14751-Hole-in-one circle PH-7*
CITY-ST-ZIP *Fort Myers, FL 33919*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Patricia Blood* *Patricia Blood - President* *3/6/06* *489-3808*