

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90142 040 ****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 - No P.O. Box #

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

1st MOORE

CR2E037 (10/06)



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, 2007

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

TITLE SECT.
NAME Cyr, James
STREET ADDRESS 14751 HOLE-IN-ONE
CITY-STATE-ZIP FT. MYERS, FL 33919 ☐ Change ☒ Addition

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

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

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

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

TITLE P
NAME WOJCIECHOWICZ, NEAL
STREET ADDRESS 14751 HOLE-IN-ONE CIRCLE, PH 7
CITY-STATE-ZIP FORT MYERS FL 33919 ☐ Delete

TITLE VICE PRESIDENT
NAME WOJCIECHOWICZ, NEAL
STREET ADDRESS 14751 HOLE-IN-ONE
CITY-STATE-ZIP FORT MYERS, FL 33919 ☒ Change ☐ Addition

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

TITLE PRESIDENT
NAME JOHNSON, DEBBIE
STREET ADDRESS 14751 HOLE-IN-ONE CIRCLE
CITY-STATE-ZIP FORT MYERS, FL 33919 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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

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:

Debbie Johnson, President 3/14/07 466-1517