

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90012 014 ****61.25

DOCUMENT # N93000002678

1. Entity Name

**GLEN ABBEY AT GOLFVIEW CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**14849 HOLE-IN-ONE CIRCLE
FORT MYERS FL 33919-7147
US**

Mailing Address

**14849 HOLE-IN-ONE CIRCLE
FORT 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

1st MOORE

CR2E037 (10/07)

4. FEI Number

65-0490378

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 J. Catoe

3/20/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature (and used when constituting)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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 **BENNETT, RICHARD**
STREET ADDRESS **14941 HOLE IN ONE CIRCLE**
CITY- ST- ZIP **FT MYERS FL**

TITLE **S** ☒ Delete
NAME **MITCHELL, SYLVIA**
STREET ADDRESS **14941 HOLE-IN-ONE CIRCLE**
CITY- ST- ZIP **FORT MYERS FL**

TITLE **PD** ☐ Delete
NAME **STOKES, MARGARET**
STREET ADDRESS **14941 HOLE-IN-ONE CIRCLE**
CITY- ST- ZIP **FT MYERS FL**

TITLE **D** ☐ Delete
NAME **BRICE, JAMES**
STREET ADDRESS **14941 HOLE-IN-ONE #209**
CITY- ST- ZIP **FORT MYERS FL 33919**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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
STREET ADDRESS
CITY- ST- ZIP

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:

[Signature] **President**

239-489-3808