

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

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90022 028 \*\*\*\*61.25

**DOCUMENT # N93000002681**

1. Entity Name

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



Principal Place of Business

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

Mailing Address

**14849 HOLE-IN-ONE CIR  
FORT MYERS FL 33919  
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

**65-0490373**

Applied For

Not Applicab

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 E DISON 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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	DOLAN, JAMES	
STREET ADDRESS	14911 HOLE-IN-ONE #210	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ALBERTS, JOAN	
STREET ADDRESS	14911 HOLE-IN-ONE CIR #103	
CITY-ST-ZIP	FORT MYERS FL 38919	
TITLE	D	<input type="checkbox"/> Delete
NAME	PROSPER, LEO	
STREET ADDRESS	14911-HOLE-IN-ONE PH-5	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HARRISON, JUDITH	
STREET ADDRESS	14911 HOLE IN ONE CIR #PH6	
CITY-ST-ZIP	FT MYERS FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BROOKS, BONNIE	
STREET ADDRESS	14911 HOLE-IN-ONE CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additi
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additi
NAME	Speath, Matthew	
STREET ADDRESS	14911-HOLE-IN-ONE	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additi
NAME	PROSPER, LEO	
STREET ADDRESS	14911 HOLE-IN-ONE Circle	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additi
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additi
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)(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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-15-05 239 489-3808**