

IFORM BUSINESS REPORT (UBR)

T # N95000004761

VIEW ASSOCIATION, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90120 040 ****61.25

Business

Mailing Address

606 BAYVIEW AVENUE
CLEARWATER FL 33759-4213
US

Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Zip

Country

4. FEI Number

59-3391639

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

City submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FE NOW:

\$ \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

JACK N
VIEW AVE
ATER FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
Richards, Susan D.
607 Bayview Ave.
Clearwater, FL 33759

☐ Change

☒ Addition

ON, EARLY
VIEW AVE
ATER FL 33759

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
Alvord, Jack N.
606 Bayview Ave.
Clearwater, FL 33759

☒ Change

☐ Addition

EDA, JULIE
UNTY RD. 31
ATER FL 33759

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

PAT
EW AVENUE
ATER FL 33759

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

EDA, SCOTT
UNTY ROAD 31
ATER FL 33759

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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 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 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 attached with an address, with all other like empowered.

Julie C. Castaneda *Julie C. Castaneda* 1/26/2000 (727) 791-4489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)