

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90037 019 ****61.25

DOCUMENT # N96000002317

1. Entity Name

GOLF VIEW CIVIC AND GARDEN ASSOCIATION, INC.



Principal Place of Business

442 W. KENNEDY BLVD
SUITE 340
TAMPA FL 33606

Mailing Address

442 W. KENNEDY BLVD
SUITE 340
TAMPA FL 33606

34003082



MOORE CR2E037 (11/03)

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

59-3429086

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

RIEF, FRANK J III
442 W. KENNEDY BLVD. SUITE 340
TAMPA FL 33606

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, 2004

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	PD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, SUSAN	
STREET ADDRESS	1002 FRANKLAND ROAD	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RICHARDSON, KAREN	
STREET ADDRESS	916 SOUTH GOLF VIEW STREET	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	STEADMAN, MELISSA	
STREET ADDRESS	3401 MULLEN AVENUE	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MILLER, DEBBIE	
STREET ADDRESS	922 GOLFVIEW	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CAPELLO, VALARIE	
STREET ADDRESS	19185 OAKMONT	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DETRICK, CONNIE	
STREET ADDRESS	3416 LYKES AVENUE	
CITY-ST-ZIP	TAMPA FL 33609	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Miller, Debbie, Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	922 golf view	
STREET ADDRESS	Tampa, Fl. 33629	
CITY-ST-ZIP		
TITLE	Steadman, melissa, V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3401 mullen ave.	
STREET ADDRESS	Tampa, Fl. 33609	
CITY-ST-ZIP		
TITLE	Bryant, Nancy, Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1903 Bendelow Trail	
STREET ADDRESS	Tampa, Fl. 33629	
CITY-ST-ZIP		
TITLE	Weihe, Anne, Treasure	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3412 Almeria Ave.	
STREET ADDRESS	Tampa, Fl. 33629	
CITY-ST-ZIP		
TITLE	Mellow, Domingue, V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3300 W. Lykes Ave.	
STREET ADDRESS	Tampa, Fl. 33609	
CITY-ST-ZIP		
TITLE	Rasmussen, marlene, V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2212 Exmoor Rd.	
STREET ADDRESS	Tampa, Fl. 33629	
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Melissa Steadman* Melissa Steadman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/03 1/813-873-0098

Date Daytime Phone #