


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 05, 2006 8:00 am**  
**Secretary of State**

09-05-2006 90023 017 \*\*\*\*61.25

DOCUMENT # N98000001091	
1. Entity Name GULFVIEW HEIGHTS CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business %BUSINESS SOLUTIONS OF NAPLES 800 SEAGATE DR #202 NAPLES, FL 34103	Mailing Address %BUSINESS SOLUTIONS OF NAPLES 800 SEAGATE DR #202 NAPLES, FL 34103
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08232006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3521613	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  THOMPSON, STUART A 5801 PELICAN BAY BLVD STE 300 NAPLES, FL 34108	<b>DO NOT WRITE IN THIS SPACE</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO STEGEMANN, EDWARD 462 2ND AVE S NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WINDISCH, JOHN 458 2ND AVE S NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEGEMANN, C 462 2ND AVE S NAPLES, FL 34102
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Edus Stegeman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

aug 28 106 201-966  
Date Daytime Phone # 1797