

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/19

FILED

Jun 21, 2000 8:00 am  
Secretary of State

04-19-2000 90072 026 \*\*\*\*70.00

DOCUMENT # N98000007169

1. Entity Name

CAPE WATERVIEW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O 1710 E CAPE CORAL PARKWAY  
CAPE CORAL FL 33904

C/O 1710 E CAPE CORAL PARKWAY  
CAPE CORAL FL 33904

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

APPLIED FOR

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

YEAGER CHEFFY, JANE  
2375 TAMiami TRAIL NORTH, SUITE 310  
NAPLES FL 34103

Name

RIEDLINGER, THOMAS

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

1710 EAST CAPE CORAL PKWY.

City

CAPE CORAL

FL

Zip Code

33904

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.

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME RIEDLINGER, THOMAS  
STREET ADDRESS 1710 E CAPE CORAL PARKWAY  
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

TITLE STD  
NAME RIEDLINGER, HEIDRUN  
STREET ADDRESS 1710 E CAPE CORAL PARKWAY  
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

TITLE VD  
NAME ROUTHIER, NADINE  
STREET ADDRESS 1710 E CAPE CORAL PARKWAY  
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED PRESIDENT

04-11-00

341-345-3833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

#N98000007169

104275

Form **SS-4****Application for Employer Identification Number**(Rev. December 1995)  
Department of the Treasury  
Internal Revenue Service(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

▶ Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) <b>Cape Waterview Condominium Association, Inc.</b>	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) <b>1710 East Cape Coral Parkway</b>	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code <b>Cape Coral, Florida 33904</b>	5b City, state, and ZIP code
	6 County and state where principal business is located <b>Lee County, Florida</b>	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ <b>SSN-63-3973</b> <b>Thomas Riedlinger</b>	

8a Type of entity (Check only one box.) (See instructions.)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Plan administrator-SSN
<input type="checkbox"/> Partnership	<input type="checkbox"/> Other corporation (specify) ▶
<input type="checkbox"/> REMIC	<input type="checkbox"/> Trust
<input type="checkbox"/> State/local government	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> Other nonprofit organization (specify) ▶ <b>Condominium Assoc.</b> (enter GEN if applicable)	<input type="checkbox"/> Church or church-controlled organization
<input type="checkbox"/> Other (specify) ▶	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State <b>Florida</b>	Foreign country
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9 Reason for applying (Check only one box.)	<input type="checkbox"/> Banking purpose (specify) ▶
<input checked="" type="checkbox"/> Started new business (specify) ▶	<input type="checkbox"/> Changed type of organization (specify) ▶
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Created a trust (specify) ▶
	<input type="checkbox"/> Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.) <b>03-17-98</b>	11 Closing month of accounting year (See instructions.) <b>MAY, 1998</b>
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12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)	Nonagricultural	Agricultural	Household
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14 Principal activity (See instructions.) ▶ <b>Condominium Association</b>
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15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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16 To whom are most of the products or services sold? Please check the appropriate box.	<input type="checkbox"/> Business (wholesale)	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ▶	

17a Has the applicant ever applied for an identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶
Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (Mo., day, year)   City and state where filed
Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	Business telephone number (include area code) <b>941-945-3499</b>
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Name and title (Please type or print clearly.) ▶ <b>Thomas Riedlinger</b>	Fax telephone number (include area code) <b>941-945-6412</b>
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Signature ▶	Date ▶ <b>12-22-98</b>
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Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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