2000 UNIFORM BUSINESS REPORT (UBR)

						CSTTO	
DOCUMENT # N9800007169 1. Entity Name							
CAPE WATERVIEW CONDOMINIUM ASSOCIATION, INC.					FILED		
Principal Place of Business Mailing Address					00 SEP 12 AM 11: 18		
C/O 1710 E CAPE CORAL PARKWAY CAPE CORAL FL 33904 C/O 1710 E CAPE CORAL PARKWAY CAPE CORAL FL 33904				SECRETARY OF STATE TALLAHASSEE FLORIDA			
	lace of Business EST CAPE COKAL P.	3. Mailing Address 331 WEST C	APE COKE	ILP.	7 88 13101 010 10101 10141 00311 00111 30111		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN	THIS SPACE	
City & State	COKAL, FLOKIDA	City & State CAPE CORA	IL, FLOKI	4. FEI I	APPLIED FOR	Applied For Not Applicable	
Zip	Country	Zip 339/4	Country Cul A		ificate of Status Desired	\$9.75 Additional	
<u> 3391</u>	6. Name and Address of Current R			7. Nam	e and Address of New Regist		
			-Name				
V=10=0			Street Ad		ED LINGEK, THOMAS (P.O. Box Number is Not Acceptable)		
	CHEFFY, JANE						
	IAMI TRAIL NORTH, SUITE 310			SUITE B			
City				CAPE	Zip Code		
8. The above	named entity submits this statement for	the purpose of changing its r	egistered office or	registered agent,			
SIGNATURE .	m	THOMAS	MIEDLING	SEU - PL	ESIPENT	OP-30-00	
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent signatu	ire required when reinsta	ing)	DATE	
	FILE NOW: FEE IS \$61.25 ember 13, 2000 min. will be \$23	9. Election Camp 7. Trust Fund Co		\$5.00 May Added to Fed		eck Payable to ment of State	
	·	6.25 Trust Fund Cor		Added to Fed		ment of State	
After Sept	ember 13, 2000 min. will be \$23	6.25 Trust Fund Cor	ntribution.	Added to Fed	Departi	ment of State	
After Sept	OFFICERS AND DIRI PD RIEDLINGER, THOMAS	6.25 Trust Fund Cor	11. TITLE NAME	ADDITION PD RIEDLING	Departs	ment of State ND DIRECTORS IN 10 Change ☐ Addition	
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIRE PD RIEDLINGER, THOMAS 1710 E CAPE CORAL PARKWAY	6.25 Trust Fund Cor	11. TITLE NAME STREET ADDRESS	ADDITION PD RIEDLING	Departi	ment of State ND DIRECTORS IN 10 Change ☐ Addition	
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SIGNATURE: SIGNATURE REDISTRICTOR NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #