

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90036 050 ****61.25

DOCUMENT # N99000004980

1. Entity Name

**MUIRFIELD AT THE MARSH HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business

**GULF VIEW PROPERTY MGMT
2335 9TH STREET N #505
NAPLES FL 34103**

Mailing Address

**GULF VIEW PROPERTY MGMT
2335 9TH STREET N #505
NAPLES FL 34103**

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

59-3650736

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

**GULF VIEW PROPERTY MANAGEMENT
2335 9TH STREET N
#505
NAPLES FL 34103**

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, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME MARINO, BILL *M*
STREET ADDRESS 8763 MUIRFIELD DRIVE
CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

TITLE *8763 Muirfield Drive*
NAME *8763 Muirfield Drive*
STREET ADDRESS *8763 Muirfield Drive*
CITY-ST-ZIP *Naples, FL 34109* ☒ Change ☐ Addition

TITLE TD
NAME HOLZMAN, RICHARD *XX*
STREET ADDRESS 8844 MUIRFIELD DRIVE
CITY-ST-ZIP NAPLES FL 34109 ☒ Delete

TITLE TD
NAME Barger, Sunny
STREET ADDRESS 8752 Muirfield Drive
CITY-ST-ZIP Naples, FL 34109 ☐ Change ☒ Addition

TITLE SD
NAME LIADIS, STEVE
STREET ADDRESS 8817 MUIRFIELD DRIVE
CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

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

TITLE D
NAME GATES, TODD *X*
STREET ADDRESS 8808 MUIRFIELD DRIVE
CITY-ST-ZIP NAPLES FL 34109 ☒ Delete

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

TITLE D
NAME JACKOBOICE, TIMOTHY
STREET ADDRESS 8799 MUIRFIELD DRIVE
CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239-403-7991