

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748025

**Entity Name:** PARK VIEW POINTE OF CAPE CORAL CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Jan 27, 2020**  
**Secretary of State**  
**8949526360CC****Current Principal Place of Business:**C/O GPM INC  
1319 MIRAMAR ST 101  
CAPE CORAL, FL 33904**Current Mailing Address:**C/O GPM INC  
1319 MIRAMAR ST 101  
CAPE CORAL, FL 33904 US**FEI Number: 59-2034474****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GPM CONDOMINIUM ASSOC INC  
C/O GPM INC  
1319 MIRAMAR ST 101  
CAPE CORAL, FL 33904 US*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:** GPM CONDOMINIUM ASSOC01/27/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	EVANS, LOU ANN
Address	C/O GPM INC 1319 MIRAMAR ST 101
City-State-Zip:	CAPE CORAL FL 33904

Title	TREASURER
Name	EAGLESON, JAMES
Address	C/O GPM INC 1319 MIRAMAR ST 101
City-State-Zip:	CAPE CORAL FL 33904

Title	VP
Name	PIATT, VICKIE
Address	C/O GPM INC 1319 MIRAMAR ST 101
City-State-Zip:	CAPE CORAL FL 33904

Title	SECRETARY
Name	WIRKNER, SHARON
Address	C/O GPM INC 1319 MIRAMAR ST 101
City-State-Zip:	CAPE CORAL FL 33904

Title	DIRECTOR
Name	SCHULTE, PETER
Address	C/O GPM INC 1319 MIRAMAR ST 101
City-State-Zip:	CAPE CORAL FL 33904

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** LOU ANN EVANSCAM01/27/2020

Electronic Signature of Signing Officer/Director Detail

Date