

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728938

1. Entity Name

PORTOBELLO OWNERS ASSOCIATION, INC.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90310 037 ****61.25

Principal Place of Business

3235 GULF OF MEXICO DR
LONGBOAT KEY FL 34228
US

Mailing Address

C/O BETH CALLANS MGMT
550 BAY ISLES RD
LONGBOAT KEY FL 34228
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

595 Bay Isles Road
Suite, Apt. #, etc.
Suite 201

City & State

Longboat Key FL

4. FEI Number

59-1885871

Applied For

Not Applicable

Zip

Country

Zip

Country

34228

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CALLANS, BETH
C/O BETH CALLANS MGMT CORP
550 BAY ISLES RD
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

Name: Beth Callans
Street Address (P.O. Box Number is Not Acceptable):
C/O Beth Callans Mgmt. Corp.
595 Bay Isles Rd. Suite 201
City: Longboat Key FL Zip Code: 34228

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 \$81.25

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	PD BAHR, ARTHUR 3235 GULF OF MEXICO DR UNIT A203 LONGBOAT KEY FL 34228	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAT RADEMACHER, WILLIAM 3235 GULF OF MEXICO DR LONGBOAT KEY FL 34228	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KLARE, RICHARD 3240 GULF OF MEXICO DR UNIT B307 LONGBOAT KEY FL 34228	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROGERS, DAVID 3240 GULF OF MEXICO DR UNIT B103 LONGBOAT KEY FL 34228	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PETERSON, GLENN 3235 GULF OF MEXICO DR UNIT A406 LONGBOAT KEY FL 34228	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT CALLANS, BETH 550 BAY ISLES RD LONGBOAT KEY FL 34228	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SCHMIDTKE, ROBERT 3240 GULF OF MEXICO DR. # B105 LONGBOAT KEY, FL 34228	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT BAHR, ARTHUR 3235 GULF OF MEXICO DR. # A203 LONGBOAT KEY, FL 34228	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT RADEMACHER, WILLIAM 3235 GULF OF MEXICO DR. # A302 LONGBOAT KEY, FL 34228	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/ASST. TREASURER DODGE, MARIAN 3235 GULF OF MEXICO DR. # A105 LONGBOAT KEY, FL 34228	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER SCHUH, ROLLA 3240 GULF OF MEXICO DR. # B506 LONGBOAT KEY, FL 34228	☒ 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:

Beth Callans *Rolla R. Schuh*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/01

941 385-9281