

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730200

1. Entity Name

CARDINAL COVE CONDOMINIUM ASSOCIATION, INC

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90402 043 *****61.25

0069545

Principal Place of Business

810 PEPITONE REALTY

4210 METRO PKWY

#240

FT MYERS FL 33916

Mailing Address

810 PEPITONE REALTY

4210 METRO PKWY

#240

FT-MYERS-FL-33916

00029365



DO NOT WRITE IN THIS SPACE

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

59-2062166

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

PEPITONE REALTY MANAGEMENT SERVICES

4210 METRO PKWY

SUITE 240

FT. MYERS FL 33916

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete
NAME GOLDEN, DOUGLAS
STREET ADDRESS 5475 PEPPERTREE DR E9
CITY-ST-ZIP FT. MYERS FL

TITLE VP ☐ Change ☒ Addition
NAME WARREN NOBLE
STREET ADDRESS 5421 PEPPERTREE DR. # B2
CITY-ST-ZIP FT MYERS FL 33908

TITLE P ☐ Delete
NAME PENROD, THOMAS
STREET ADDRESS 5495 PEPPERTREE DR F15
CITY-ST-ZIP FT. MYERS FL 33908

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

TITLE V ☐ Delete
NAME BAKER, KEN
STREET ADDRESS 5491 PEPPERTREE DR F10
CITY-ST-ZIP FT. MYERS FL 33908

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

TITLE D ☐ Delete
NAME BISSONETTE, JAN
STREET ADDRESS 5495 PEPPERTREE DR. UNIT F14
CITY-ST-ZIP FORT MYERS FL 33908

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

TITLE ST ☒ Delete
NAME HOFLE, BETTY
STREET ADDRESS 5441 PEPPERTREE DR C7
CITY-ST-ZIP FT MYERS FL 33908

TITLE ST ☐ Change ☒ Addition
NAME MICK SECREST
STREET ADDRESS 5415 PEPPERTREE DR #E9
CITY-ST-ZIP FT MYERS FL 33908

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 #

CR2E037 (10/00)