

2000 UNIFORM BUSINESS REPORT (UBR)

2/1

DOCUMENT # 733059

1. Entity Name

EL MIRADOR CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

02-23-2000 90001 010 ****61.25

Principal Place of Business

1485 MEMOLI LANE
FT MYERS FL 33919

Mailing Address

1485 MEMOLI LANE
FT MYERS FL 33919-6382

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-0978742

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLAHART, DONALD
1485 MEMOLI LANE
#4S
FT MYERS FL 33919

7. Name and Address of New Registered Agent

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PT	☒ Delete
NAME	SMAILES, CLAUDIA	
STREET ADDRESS	1485 MEMOLI LANE 4W	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	T	☐ Delete
NAME	MCCALL, LOIS	
STREET ADDRESS	1485 MEMOLI LANE #2W	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	CVP	☐ Delete
NAME	ZEZIMA, ANNETTE	
STREET ADDRESS	1485 MEMOLI LANE	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	S	☒ Delete
NAME	MARKS, SHIRLEY	
STREET ADDRESS	1485 MEMOLI LANE 3W	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	CVP	☐ Delete
NAME	WILLIAM, KAY	
STREET ADDRESS	1485 MEMOLI LANE	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	D	☐ Delete
NAME	JOHNSON, BERNARD	
STREET ADDRESS	1485 MEMOLI LANE #7	
CITY-ST-ZIP	FT. MYERS FL 33919	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☐ Change ☒ Addition
NAME	DONALD FLAHART	
STREET ADDRESS	1485 MEMOLI LANE #4	
CITY-ST-ZIP	FORT MYERS, FL. 33919	
TITLE	S D	☒ Change ☐ Addition
NAME	SMAILES, CLAUDIA	
STREET ADDRESS	1485 MEMOLI LANE #4W	
CITY-ST-ZIP	FORT MYERS, FL. 33919	
TITLE	D	☐ Change ☒ Addition
NAME	LERBERG, ROBERT	
STREET ADDRESS	1485 MEMOLI LANE #1W	
CITY-ST-ZIP	FORT MYERS, FL. 33919	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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 (9/99)