

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90452 027 \*\*\*\*61.25

**DOCUMENT # 733653**

1. Entity Name

**MARATHON COUNTRY CLUB CONDOMINIUM WEST ASSOCIATION, INC.**



Principal Place of Business

**15 SOMBRERO BLVD  
MARATHON FL 33050  
US**

Mailing Address

**P.O. BOX 1208  
MARATHON FL 33050**

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 **59-1699198**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PIERCE, CHARLOTTE S.  
8042 PORPOISE DRIVE  
MARATHON FL 33050**

7. Name and Address of New Registered Agent

Name: **RHONDA HALL**

Street Address (P.O. Box Number is Not Acceptable)

**11 SOMBRERO BLVD. #11**

City

**MARATHON**

**FL**

Zip Code

**33050**

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

*Rhonda Hall*

**RHONDA HALL**

**3-1-03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS FRIES, RON 15 SOMBRERO BLVD. #104 MARATHON FL 33050	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LACEY, JACK 15 SOMBRERO #207 MARATHON FL 33050	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRIEGEL, ROY 15 SOMBRERO BLVD. #204 MARATHON FL 33050	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, JAN PO BOX 500014 MARATHON FL 33050	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUDLEY, DEANE 15 SOMBRERO BLVD. # 201 MARATHON FL 33050	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACEY, KATHY 15 SOMBRERO BLVD. # 207 MARATHON FL 33050	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RALPH SCOTT 15 SOMBRERO BLVD. #205 MARATHON FL 33050	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID MEINKE 15 SOMBRERO BLVD. #203 MARATHON FL 33050	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANET MEINKE 15 SOMBRERO BLVD. #203 MARATHON FL 33050	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTCH BRUMMEL, JR. 15 SOMBRERO BLVD. #212 MARATHON FL 33050	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

**DUDLEY DEANE, PRES. 3-1-03 305-743-6642**

CR2E037 (10/02)