

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90057 010 ****61.25

DOCUMENT # 747588

1. Entity Name

CLAMSHELL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1801 OLDE MIDDLE GULF DR.
 SANIBEL FL 33957

Mailing Address

CARETAKER MGMT.
 P.O. BOX 100
 SANIBEL FL 33957

726646



2. Principal Place of Business

3. Mailing Address

Island Mgmt (Name Change)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-2089078

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JAMBECK, NICK

~~1033 PERIWINKLE WAY~~

SANIBEL FL 33957

Name

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

703 Tarpon Bay Rd, Ste B

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	<input type="checkbox"/> Delete
NAME	WINTERS, ROBERT C	
STREET ADDRESS	1818 OLDE MIDDLE GULF DRIVE	
CITY-ST-ZIP	SANIBEL FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HANLON, MADELYN	
STREET ADDRESS	1801-F OLDE MIDDLE GULF DR.	
CITY-ST-ZIP	SANIBEL FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BACHMAN, TOM	
STREET ADDRESS	56 TOP GALLANT RD	
CITY-ST-ZIP	STANSFORD CT	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WINTERS, PAT	
STREET ADDRESS	1801 OLDE MIDDLE GULF	
CITY-ST-ZIP	SANIBEL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>SD</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>D</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/5/01

CR2E037 (10/00)