

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749713

1. Entity Name

TARPON BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Island
% CARETAKER MANAGEMENT

POST OFFICE BOX 100 - 2475 W. Gulf
SANIBEL FL 33957

Mailing Address

Island
% CARETAKER MANAGEMENT

POST OFFICE BOX 100
SANIBEL FL 33957-0100

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

59-1971398

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

JAMBECK, NICK
1633 PERIWINKLE WAY
SUITE G
SANIBEL FL 33957

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	VD	☒ Delete
NAME	HANSEN, RICHARD	
STREET ADDRESS	2026 RIDGEWAY DR	
CITY-ST-ZIP	IOWA CITY IA	
TITLE	PD	☒ Delete
NAME	HEIKKILA, PENTTI	
STREET ADDRESS	607 EMBURY ROAD	
CITY-ST-ZIP	ROCHESTER NY	
TITLE	D	☒ Delete
NAME	SCHRODER, ANDREW	
STREET ADDRESS	18 NUTMEG LN	
CITY-ST-ZIP	WILTON CT	
TITLE	SD	☒ Delete
NAME	COOPER, GORDON J.	
STREET ADDRESS	9717 92ND STREET SW	
CITY-ST-ZIP	ALTO MI	
TITLE	TD	☐ Delete
NAME	STEIN, IRWIN	
STREET ADDRESS	2475 W. GULF DRIVE #307	
CITY-ST-ZIP	SANIBEL FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	☐ Change ☒ Addition
NAME	LEE ROBERTS	
STREET ADDRESS	27130 Kennedy Dr	
CITY-ST-ZIP	Dearborn, MI	
TITLE	JERRY GRAFF	☐ Change ☒ Addition
NAME	708 Storegate Pass	
STREET ADDRESS	Colgate WI 53017	
CITY-ST-ZIP		
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 OF IRWIN STEIN 4/3/00 941 972 3001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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

04-27-2000 90124 026 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)