

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749947

1. Entity Name

DUCHES CONDOMINIUM OWNERS ASSOCIATION, INC.

Principal Place of Business

220 SOUTH COLLIER BLVD.
MARCO ISLAND FL 33937

Mailing Address

220 SOUTH COLLIER BLVD.
MARCO ISLAND FL 34145-4852

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

59-2035211

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

ROSENOW, MARY CHRIS
834 BALD EAGLE DR.
MARCO ISLAND FL 33937

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 NAME STREET ADDRESS CITY-ST-ZIP	PD ATWOOD, ROBERT E 220 S COLLIER BLVD MARCO ISLAND FL 34145	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FIGGE, FRED 220 S. COLLIER BLVD. MARCO ISLAND FL 34145	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KONUZY, TED 220 S. COLLIER BLVD. MARCO ISLAND, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALLANDER, CHARLES JR 220 SOUTH COLLIER BLVD MARCO ISLAND FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEUER, WINIFRED A 220 S COLLIER BLVD MARCO ISLAND FL 34145	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Lima, Jose 220 S. Collier Blvd #701 Marco Island FL 34145	☐ Change ☒ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/2000

Date

Daytime Phone #

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90004 016 ****61.25

025485



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)