

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 749947**

1. Entity Name

DUCHESS CONDOMINIUM OWNERS ASSOCIATION, INC.**FILED**
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90093 015 *****61.25

0086164

Principal Place of Business

**220 SOUTH COLLIER BLVD.
MARCO ISLAND FL 39945**

Mailing Address

**220 SOUTH COLLIER BLVD.
MARCO ISLAND FL 33937**

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**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

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 \$61.25**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

TITLE PD ☐ Delete
NAME ATWOOD, ROBERT E
STREET ADDRESS 220 S COLLIER BLVD
CITY-ST-ZIP MARCO ISLAND FL 34145TITLE SD ☐ Delete
NAME FIGGE, FRED
STREET ADDRESS 220 S. COLLIER BLVD.
CITY-ST-ZIP MARCO ISLAND FL 34145TITLE VD ☐ Delete
NAME KONUZKY, TED
STREET ADDRESS 220 S. COLLIER BLVD.
CITY-ST-ZIP MARCO ISLAND, FL 00000TITLE TD ☐ Delete
NAME WALLANDER, CHARLES JR
STREET ADDRESS 220 SOUTH COLLIER BLVD
CITY-ST-ZIP MARCO ISLAND FLTITLE AS ☐ Delete
NAME LIMA, JOSE
STREET ADDRESS 220 S. COLLIER BLVD. #701
CITY-ST-ZIP MARCO ISLAND FL 34145TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)