

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 749947**

1. Entity Name

DUCHESS CONDOMINIUM OWNERS ASSOCIATION, INC.

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

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 \$61.259. 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 34145**TITLE **SD** ☐ Delete
NAME **FIGGE, FRED**
STREET ADDRESS **220 S. COLLIER BLVD.**
CITY-ST-ZIP **MARCO ISLAND FL 34145**TITLE **VD** ☐ Delete
NAME **KONUZY, TED**
STREET ADDRESS **220 S. COLLIER BLVD.**
CITY-ST-ZIP **MARCO ISLAND, FL 00000**TITLE **TD** ☐ Delete
NAME **WALLANDER, CHARLES JR**
STREET ADDRESS **220 SOUTH COLLIER BLVD**
CITY-ST-ZIP **MARCO ISLAND FL**TITLE **AS** ☐ Delete
NAME **LIMA, JOSE**
STREET ADDRESS **220 S. COLLIER BLVD. #701**
CITY-ST-ZIP **MARCO ISLAND FL 34145**TITLE ☐ 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
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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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90081 043 ****61.25



DO NOT WRITE IN THIS SPACE

0050260

CR2E037 (9/01)