

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90897 035 ****61.25

DOCUMENT # 749947

1. Entity Name

DUCHESS CONDOMINIUM OWNERS ASSOCIATION, INC.



Principal Place of Business

**220 SOUTH COLLIER BLVD.
MARCO ISLAND FL 33945**

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



☒ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

Name **JAMIE B GREUSEL**
Street Address (P.O. Box Number is Not Acceptable)
1104 N. COLLIER BLVD.
MARCO ISLAND
City **FL** Zip Code **34145**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida 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	AS LIMA, JOSE 220 S. COLLIER BLVD.#701 MARCO ISLAND FL 34145	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAIMBEER, WILLIAM 220 S. COLLIER BLVD MARCO ISLAND FL 34145	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KONUZY, TED 220 S. COLLIER BLVD. MARCO ISLAND, FL 34145	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLATH, KARL 220 S. COLLIER BLVD. MARCO ISLAND FL 34145	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIMA, JOSE 220 S. COLLIER BLVD. MARCO ISLAND, FL 34145	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GLICK, RONALD 220 S. COLLIER BLVD. 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:

WILLIAM LAIMBEER 2/27/03 239-642-4579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)