

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749974

1. Entity Name

**TRAWLER VILLAGE CONDOMINIUM ASSOCIATION, INC.**

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90101 035 \*\*\*\*61.25

|  |   |
|--|---|
| Principal Place of Business<br>9411 CYPRESS LAKE DRIVE<br>SUITE 2<br>CORT MYERS FL 33919<br>US | Mailing Address<br>9411 CYPRESS LAKE DRIVE<br>STE 2<br>FORT MYERS FL 33919-4909<br>US |
|--|---|



DO NOT WRITE IN THIS SPACE

|  |  |         |         |
|--|--|---------|---------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip | Country | Country |
|--|--|---------|---------|

|   |  |
|---|--|
| 4. FEI Number<br><b>59-1880460</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

6. Name and Address of Current Registered Agent

**BECKER, POLIOAKOFF & STREITFELD, PA**  
**13151 BELL TOWER DR**  
**STE 101**  
**FT. MYERS FL 33907**

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 NAME<br>SD<br>LATSHAW, RALPH      | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS<br>4575 TRAWLER CT 204   |  |
| CITY-ST-ZIP<br>FT MYERS, FL 00000       |  |
| TITLE NAME<br>VPD<br>ROWLETT, THOMAS    | <input type="checkbox"/> Delete            |
| STREET ADDRESS<br>4586 TRAWLER CT #104  |  |
| CITY-ST-ZIP<br>FT MYERS, FL 00000       |  |
| TITLE NAME<br>PD<br>FLUSTER, JOSEPH     | <input type="checkbox"/> Delete            |
| STREET ADDRESS<br>4586 TRAWLER CT #304  |  |
| CITY-ST-ZIP<br>FORT MYERS, FL 00000     |  |
| TITLE NAME<br>D<br>JACOBS, GILBERT      | <input type="checkbox"/> Delete            |
| STREET ADDRESS<br>4585 TRAWLER CT. #403 |  |
| CITY-ST-ZIP<br>FORT MYERS FL 33919      |  |
| TITLE NAME<br>D<br>STEERS, JACK         | <input type="checkbox"/> Delete            |
| STREET ADDRESS<br>4574 TRAWLER CT 404   |  |
| CITY-ST-ZIP<br>FORT MYERS, FL 00000     |  |
| TITLE NAME<br>TD<br>BRODHECKER, ROBERT  | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS<br>4591 TRAWLER CT #101  |  |
| CITY-ST-ZIP<br>FT MYERS FL              |  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|--|
| TITLE NAME<br>VD<br>Ed Townley                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS<br>4585 Trawler Court #101             |  |
| CITY-ST-ZIP<br>Fort Myers, Florida 33919              |  |
| TITLE NAME<br>D<br>Thomas Rowlett                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br>4586 Trawler Court #104             |  |
| CITY-ST-ZIP<br>Fort Myers, Florida 33919              |  |
| TITLE NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE NAME<br>TD<br>Bill Tero                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS<br>4575 Trawler Court #203             |  |
| CITY-ST-ZIP<br>Fort Myers, Florida 33919              |  |

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: *Robert Brodhecker* **4-5-00** **941-481-4700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)