

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756236

1. Entity Name

PROMENADES WEST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3006 CARING WAY
PORT CHARLOTTE FL 33952

3006 CARING WAY
PORT CHARLOTTE FL 33952-5702

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

59-2149242

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

BOYLE, CHARLES T.
115 W. OLYMPIA AVE.
PUNTA GORDA FL 33950

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 P ☐ Delete
NAME DAVIS, ARTHUR
STREET ADDRESS 603 PROMENADES WEST
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE D ☒ Change ☐ Addition
NAME DAVIS, ARTHUR
STREET ADDRESS 603 Promenades West
CITY-ST-ZIP Port Charlotte, FL 33952

TITLE V ☐ Delete
NAME ROSYTER, CHARLES
STREET ADDRESS 231 PROMENADES WEST
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD A ☐ Delete
NAME ASMUS, RUTH
STREET ADDRESS 503 PROMENADES WEST
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME SCHAEFFER, DON
STREET ADDRESS 516 PROMENADES WEST
CITY-ST-ZIP PT. CHARLOTTE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MURRAY, JOHN
STREET ADDRESS 3244 PEACE RIVER DR.
CITY-ST-ZIP PORT CHARLOTTE FL 33983

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME HANSEN, BETTY
STREET ADDRESS 605 PROMENADES WEST
CITY-ST-ZIP PT. CHARLOTTE FL 33952

TITLE P ☐ Change ☒ Addition
NAME Michael Kessel
STREET ADDRESS 425 Promenades West
CITY-ST-ZIP Port Charlotte, FL 33952

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: *Donald P. Kessel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-00

Date

941-627-0192

Daytime Phone #