2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

SIGNATURE:

SIGK

Apr 17, 2002 8:00 am Secretary of State DOCUMENT # **759028** 1. Entity Name PIER 8 CONDOMINIUM ASSOCIATION, INC. 04-17-2002 90018 021 ****61.25 Principal Place of Business Mailing Address # 8TH ST., SOUTH 745 12TH AVE S. MAPLES FL 33940 SUITE D NAPLES FL 33940 US 2. Principal Place of Business th Hue Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-2206950 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MOORE PROPERTY MANAGEMENT 745 12TH AVE S. SUITE D City Zip Code NAPLES FL 33940 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 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete (9/01) TITLE ☐ Addition ☐ Change NAME **OBERHELMAN, SALLY** NAME STREET ADDRESS STREET ADDRESS 780 THIRTEENTH AVE SO. CITY-ST-ZIP CITY-ST-ZIP Naples fl TITLE ☐ Delete TITLE Change ☐ Addition NAME LYON, WAYNE NAME STREET ADDRESS STREET ADDRESS 780 13TH AVE S. CITY-ST-ZIP CITY-ST-ZIP NAPLES FL TITLE STD ☐ Delete TITLE ☐ Change ☐ Addition NAME HORD, ROBERT JR. NAME^{*} STREET ADDRESS 780 13TH AVE S STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL TITLE ☐ Delete TITI F Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP I rection Change TITLE ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS 34102 CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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