

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90118 001 \*\*\*\*61.25

**DOCUMENT # 759311**

1. Entity Name

**LITTLE GULL CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

5330 GULF OF MEXICO DR.  
 LONGBOAT KEY FL 34228

5330 GULF OF MEXICO DR.  
 LONGBOAT KEY FL 34228-2010

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

**59-2109923**

Applied For

Not Applied For

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

**CUNNINGHAM PROPERTY MANAGEMENT CORP.**  
**1030 SEASIDE DRIVE**  
**SARASOTA FL 34242**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Additic
	D	NICOLLE, EDGAR	3612 S HIMES AVE TAMPA FL 33629	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	SHEVLOFF, ELIZABETH	4411 COUNTRY CLUB BLVD, UNIT A-1 CAPE CORAL FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	ST	LOHNER, JIM	2002 TOCOBAYA LANE NOKOMIS FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	P	TOLLE, DIRK	2914 PONDEROSA TRAIL WIMAUMA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	V	COLWELL, FRANK	2827 WOLVERINE ST SARASOTA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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]* **SIGNATURE REQUIRED V. TOLLE** 1/21/00 941 383 8818  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #