

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759497

1. Entity Name

THE SUZANNE CONDOMINIUM ASSOCIATION, INC.

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

04-10-2000 90045 046 ****61.25

Principal Place of Business

Mailing Address

855 KETCH DR #104
NAPLES FL 34103
US

855 KETCH DR #104
NAPLES FL 34103-2705
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2167858

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LANDON, GLENN A.
855 KETCH DRIVE #107
NAPLES FL 33940

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

TD
MCKENNA, MARGARET
825 KETCH DRIVE #101
NAPLES FL

☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

PD
DOWLING, KENNETH
855 KETCH DRIVE #304
NAPLES FL

☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

VPD
SLAYTON, EILEEN
855 KETCH DR, #204
NAPLES FL 34103

☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

SD
HERNDON, DUDLEY
825 KETCH DRIVE #301
NAPLES FL

☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

D
CAMPBELL, GEORGE
825 KETCH DR. #302
NAPLES FL 34103

☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE
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☐ 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kenneth Dowling
4-3-00

643-5935

CR2E037 (9/99)