

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90054 011 ****61.25

DOCUMENT # 761270

1. Entity Name

MARINATOWN VILLAGE, A CONDOMINIUM ASSOCIATION, I
NC.

Principal Place of Business

15660 SAN CARLOS BLVD
STE 40
FORT MYERS FL 33908
US

Mailing Address

15660 SAN CARLOS BLVD
STE 40
FORT MYERS FL 33908
US

2. Principal Place of Business

3. Mailing Address

C/O P & M Property Management

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2393150

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

~~GONZALEZ, DAYELLE~~

C/O P & M PROPERTY MGMNT
15660 #40 SAN CARLOS BLVD
FORT MYERS FL 33908

Name

Lori Ann Ayers, CAM

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 Lori Ann Ayers, CAM Lori Ann AYERS, MANAGER 1/21/02
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	VP	<input type="checkbox"/> Delete
NAME	KING, ALICE	
STREET ADDRESS	1053 PALM AVE #216	
CITY-ST-ZIP	FORT MYERS FL 33903	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GREY, DOUGLAS	
STREET ADDRESS	1051 PALM AVE., #112	
CITY-ST-ZIP	N FT MYERS FL 33903	
TITLE	STD	<input type="checkbox"/> Delete
NAME	COKEL CINDY	
STREET ADDRESS	1051 PALM AVE #127	
CITY-ST-ZIP	N FT MYERS FL 33903	
TITLE	T	<input type="checkbox"/> Delete
NAME	MODANIEL, WENDY	
STREET ADDRESS	1055 PALM AVE #217	
CITY-ST-ZIP	N-FORT MYERS FL 33903	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOREO, JEANNINE	
STREET ADDRESS	1055 PALM AVE #217	
CITY-ST-ZIP	N-FORT MYERS FL 33903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15660 SAN CARLOS BLVD #40	
STREET ADDRESS	Ft. MYERS, FL 33908	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15660 SAN CARLOS BLVD #40	
STREET ADDRESS	Ft. MYERS, FL 33908	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15660 SAN CARLOS BLVD #40	
STREET ADDRESS	Ft. MYERS, FL 33908	
CITY-ST-ZIP		
TITLE	BO DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHERINE SWANSON	
STREET ADDRESS	15660 SAN CARLOS BLVD #40	
CITY-ST-ZIP	Ft. MYERS, FL 33908	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15660 SAN CARLOS BLVD #40	
STREET ADDRESS	Ft. MYERS, FL 33908	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Lori Ann Ayers, CAM Lori Ann AYERS 1/21/02 (941) 481-1577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)