

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90050 035 \*\*\*\*61.25

**DOCUMENT # 762728**

1. Entity Name

**DAV-MAR CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**214 CALLE MIRA MAR  
 SARASOTA FL 34234-3320**

**PO BOX 10714  
 BRADENTON FL 34282-0714  
 US**

HUUI0J1U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2226475**

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

**ORTNER, VIVIAN  
 214 CALLE MIRAMAR #7  
 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 **PD**  Delete  
 NAME **ORTNER, VIVIAN J**  
 STREET ADDRESS **214 CALLE MIRA MAR #4**  
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **STD**  Delete  
 NAME **WIRZ, EDEL**  
 STREET ADDRESS **214 CALLE MIRA MAR**  
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **SCHACKOW, SAM**  
 STREET ADDRESS **2355 MCCLELLEN PKWY**  
 CITY-ST-ZIP **SARASOTA FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **AS**  Delete  
 NAME **MARONE, ROBERT**  
 STREET ADDRESS **570 57TH AVE W, #107**  
 CITY-ST-ZIP **BRADENTON FL 34282**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **SD KOHLREISER, STEVE**  
 STREET ADDRESS **15113 RANGA ROAD**  
 CITY-ST-ZIP **WAPAKONETA OH 45885**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERT MARONE**

Date

**2/1/00**

Daytime Phone #

**941-756-0401**