

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90034 029 ****61.25

DOCUMENT # 762728

1. Entity Name

DAV-MAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

**PO BOX 10714
BRADENTON FL 34282
US**

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

59-2226475

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ORTNER, VIVIAN
214 CALLE MIRAMAR #7
SARASOTA FL 34242**

7. Name and Address of New Registered Agent

Name

ROBERT MARONE

Street Address (P.O. Box Number is Not Acceptable)

570 57TH AVE WEST #107

City

BRADENTON

FL

Zip Code

34207

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

1-20-01

**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

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

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

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

TITLE **SD** ☐ Delete
NAME **KOHREISER, STEVE**
STREET ADDRESS **15113 RANGA RD**
CITY-ST-ZIP **WAPAKONETA OH 45895**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

ROBERT MARONE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/01

941-756-0401

CR2E037 (10/00)