

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90241 020 \*\*\*\*61.25

**DOCUMENT # 768428**

1. Entity Name

**PROMENADE CONDOMINIUM OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1211 GULF OF MEXICO DR.  
 LONGBOAT KEY FL 34228

1211 GULF OF MEXICO DR.  
 LONGBOAT KEY FL 34228-4602



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

**31-1069500**

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

**FASSLER, JOHN A., DR.**  
**1211 GULF OF MEXICO DRIVE UNIT #208**  
**LONGBOAT KEY FL 34228**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KRAMAN, HYMAN MD</b>	
STREET ADDRESS	<b>1211 GULF OF MEXICO DR SUITE 306</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL 34228</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COHEN, EUGENE D</b>	
STREET ADDRESS	<b>1211 GULF OF MEXICO DR, SUITE 510</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GRODNER, PAUL</b>	
STREET ADDRESS	<b>1211 GULF OF MEXICO DR, SUITE 203</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL 34228</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>FASSLER, JOHN A</b>	
STREET ADDRESS	<b>1211 GULF OF MEXICO DR</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>AUERBACH, ROBERT</b>	
STREET ADDRESS	<b>1211 GULF OF MEXICO DRIVE #401</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SAVAGE, MARVIN</b>	
STREET ADDRESS	<b>1211 GULF OF MEXICO DR SUITE 303</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL 34228</b>	

TITLE	<b>Sec/Treas.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Loevner, Doris</b>	
STREET ADDRESS	<b>1211 Gulf of Mexico Dr., #702</b>	
CITY-ST-ZIP	<b>Longboat Key, FL 34228</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE:

*John A. Fassler* **JOHN A. Fassler, Pres** 2/23/00

941/383-  
 8893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)