

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

007492

04-10-2001 90056 007 ****61.25

DOCUMENT # 768428

1. Entity Name

PROMENADE CONDOMINIUM OWNERS ASSOCIATION, INC.

Principal Place of Business:

1211 GULF OF MEXICO DR.
 LONGBOAT KEY FL 34228

Mailing Address

1211 GULF OF MEXICO DR.
 LONGBOAT KEY FL 34228

941794



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

John Fassler

Dr. John A. Fassler

4/2/01

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

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

SIGNATURE REQUIRED

John Fassler

4/2/01

941/383-8893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)