

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770329

1. Entity Name

OSPREY OF CAPE CORAL CONDOMINIUM ASSOCIATION, IN

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90065 018 ****61.25

Principal Place of Business

~~C/O GULF SIDE CONDO MGMT.~~
~~P.O. BOX 1448~~
~~CAPE CORAL FL 33910~~
~~US~~

Mailing Address

~~GULF SIDE CONDO MGMT.~~
~~P.O. BOX 1448~~
~~CAPE CORAL FL 33910-1319~~
~~US~~

2. Principal Place of Business

~~KRATER & ASSOCIATES~~

3. Mailing Address

~~KRATER & ASSOCIATES~~

Suite, Apt. #, etc.

1109 DEL PRADO, #15

Suite, Apt. #, etc.

1109 DEL PRADO #15

City & State

CAPE CORAL FL.

City & State

CAPE CORAL FL

Zip

33990

Country

LEE

Zip

33990

Country

LEE



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2435753

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~WASSBERG, CURTIS~~
~~CORAL CONDO MGMT, INC.~~
~~1303 S.E. 34TH TERRACE~~
~~CAPE CORAL FL 33904~~
BARRY WOODROW
1109 Del Prado
CAPE CORAL, FL.

7. Name and Address of New Registered Agent

Name: BARRY WOODROW
Street Address (P.O. Box Number is Not Acceptable)
1109 DEL PRADO BLVD #15.
City: CAPE CORAL FL Zip Code: 33990

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]* *[Signature]* 2-28-00.
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

TITLE	TD	<input type="checkbox"/> Delete
NAME	BERTONI, MARTIN	
STREET ADDRESS	3943 SE 11TH PLACE #101	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BERNHARDT, LARSEN	
STREET ADDRESS	3943 SE 11TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VIZENA, J.	
STREET ADDRESS	3943 SE 11 PLACE #102	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LANE, NORMA JEAN	
STREET ADDRESS	3943 SE 11TH PLACE #105	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ABERLE, LEROY	
STREET ADDRESS	3943 SW 11TH PLACE #201	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALLAN J. CARTA	
STREET ADDRESS	3943 SE 11 1/4 PL-H202	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT AUMER	
STREET ADDRESS	3943 SE 11 1/4 PL-H104	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Rinaldi	
STREET ADDRESS	3943 SE 11 1/4 PL-H204	
CITY-ST-ZIP	CAPE CORAL FL	
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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 29 2000

Date

Daytime Phone #

CR2E037 (9/99)