

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State

0004001

DOCUMENT # **N00000002991**

1. Entity Name

CASA EOLA CONDOMINIUM ASSOCIATION, INC.

03-19-2001 90456 003 ****61.25
 08-20-2001 90071 042 ****61.25

LA

| | |
|--|--|
| Principal Place of Business 606 E. LIVINGSTON STREET UNIT 1 ORLANDO FL 32803 | Mailing Address 606 E. LIVINGSTON STREET UNIT 1 ORLANDO FL 32803 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 5695 Beggs Road Suite, Apt. #, etc. | 3. Mailing Address 5695 Beggs Road Suite, Apt. #, etc. |
| Suite B-100 City & State Orlando, FL | Suite B-100 City & State Orlando, FL |
| Zip 32810 | Country USA |
| Zip 32810 | Country USA |

| | |
|---|--|
| 4. FEI Number 59-3697116 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

KINCHLA, MARK
606 E. LIVINGSTON STREET
UNIT 1
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name: **Theresa D. Sutherland**
 Street Address (P.O. Box Number is Not Acceptable): **5695 Beggs Road**
 Suite: **Suite B-100**
 City: **Orlando** FL Zip Code: **32810**

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: *Theresa D. Sutherland* DATE: 8-13-01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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 NAME P WOLOK, MARK S | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS 606 E. LIVINGSTON STREET, #1 | |
| CITY-ST-ZIP ORLANDO FL 32803 | |
| TITLE NAME V GIBSON, MICHAEL H | <input type="checkbox"/> Delete |
| STREET ADDRESS 604 E. LIVINGSTON STREET, #2 | |
| CITY-ST-ZIP ORLANDO FL 32803 | |
| TITLE NAME S FOSTER, JAMES A | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS 399 CATHCART AVE., #5 | |
| CITY-ST-ZIP ORLANDO FL 32803 | |
| TITLE NAME T SERBIN, TAD M | <input type="checkbox"/> Delete |
| STREET ADDRESS 600 E. LIVINGSTON STREET, #4 | |
| CITY-ST-ZIP ORLANDO FL 32803 | |
| TITLE NAME <input type="checkbox"/> Delete | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME <input type="checkbox"/> Delete | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|---|--|
| TITLE NAME PD Michael Gibson | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 604 E. Livingston Street, #2 | |
| CITY-ST-ZIP Orlando, FL 32803 | |
| TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME SD Jarrod Skalde | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 602 E. Livingston Street, #3 | |
| CITY-ST-ZIP Orlando, FL 32803 | |
| TITLE NAME VD Tad Serbin | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 600 E. Livingston Street, #4 | |
| CITY-ST-ZIP Orlando, FL 32803 | |
| TITLE NAME TD Tyler Grady | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 339 Cathcart Avenue | |
| CITY-ST-ZIP Orlando, FL 32803 | |
| TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 REQUIRED

8/9/01 407-426-8116

CR2E037 (5/01)