

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90236 030 ****61.25

DOCUMENT # N03273

1. Entity Name
2720 BEACH ROAD CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2720 N. BEACH RD., #4
ENGLEWOOD FL 34223-9118
US**

Mailing Address
**60 KALAMAZOO AVENUE
SOUTH HAVEN MI 49090
US**

2. Principal Place of Business
**2720 N. BEACH RD
Suite, Apt. #, etc.
#6**

3. Mailing Address
**119 SINCLAIR ST. SE
Suite, Apt. #, etc.
PORT CHARLOTTE,**

City & State
ENGLEWOOD FL
Zip
34223
Country
U.S.

City & State
FLORIDA
Zip
33952
Country
U.S.

4. FEI Number **65-0227995**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ISAIA, JOHN
2720 N BEACH ROAD
UNIT #4
ENGLEWOOD FL 34223**

7. Name and Address of New Registered Agent

Name **GEORGE LUGG**
Street Address (P.O. Box Number is Not Acceptable)
**2720 N. BEACH ROAD
UNIT #6**
City **ENGLEWOOD** FL Zip Code **34223**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *George Lugg* **GEORGE LUGG**
Signature, typed or printed name of registered agent and type 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ISAIA, JOHN	
STREET ADDRESS	2720 N BEACH RD #4	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JENNEY, CAROLE	
STREET ADDRESS	2720 N BEACH RD #5	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FLINK, JOHN	
STREET ADDRESS	2720 N. BEACH RD # 1	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JENNEY, GEORGE	
STREET ADDRESS	2720 N BEACH RD #5	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUGG GEORGE	
STREET ADDRESS	2720 N. BEACH RD #6	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUGG CATHERINE	
STREET ADDRESS	2720 N. BEACH RD #6	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	
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: *George Lugg* **GEORGE LUGG** **2/10/03**
Signature, typed or printed name of registered agent and type if applicable. (NOTE: Registered Agent signature required when reinstating)

941-235

3115
Daytime Phone #

CR2E037 (10/02)