

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 05, 2002 8:00 am
Secretary of State

08-05-2002 90007 048 ****61.25

DOCUMENT # N03599

1. Entity Name

MIRIMAR ARMS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

CENTURY 21 SUNBELT REALTY
506 SW 47TH TERRACE
CAPE CORAL FL 33914
US

Mailing Address

CENTURY 21 SUNBELT REALTY
506 SW 47TH TERRACE
CAPE CORAL FL 33914
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2508648

Applied For

Not Applicable

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

ZUNINO, AUGUST
CENTURY 21 SUNBELT REALTY
506 SW 47TH TERRACE
CAPE CORAL FL 33914

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
 NAME **WHITTAKER, JAMES**
 STREET ADDRESS **4903 VINCENNES STREET #125**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **VPD** ☐ Change ☒ Addition
 NAME **NICK ANDRIOTTI**
 STREET ADDRESS **1319 SE 28TH TERRACE**
 CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE **D** ☐ Delete
 NAME **KOSZULINSKI, GEORGE**
 STREET ADDRESS **5213 SW 8TH PLACE**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **SD** ☐ Change ☒ Addition
 NAME **FRANK SCIEBETTA**
 STREET ADDRESS **280 PINE ST.**
 CITY-ST-ZIP **E. AURORA, N.Y. 14052**

TITLE **D** ☒ Delete
 NAME **JACKSON, GIDGET**
 STREET ADDRESS **1326 CAPE CORAL PKWY E #1**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **JENSEN, COLEEN**
 STREET ADDRESS **4903 VINCENNES STREET #113**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** ☐ Delete
 NAME **RAMBLE, JUNE**
 STREET ADDRESS **160 MTN SPRINGS DRIVE**
 CITY-ST-ZIP **CLARKESVILLE GA 30523**

TITLE **PD** ☒ Change ☐ Addition
 NAME **SAME**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** ☐ Delete
 NAME **STEVENS, DAN**
 STREET ADDRESS **4903 VINCENNES STREET #116**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **TD** ☒ Change ☐ Addition
 NAME **SAME**
 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 title empowered.

SIGNATURE:

Signature Required

7/12/02

CR2E037 (4/02)