

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04256

1. Entity Name

BLUE CRAB KEY CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90106 030 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O HENKE PROPERTY MANAGEMENT, INC  
 6213-E PRESIDENTIAL COURT  
 FT MYERS FL 33919  
 US

C/O HENKE PROPERTY MANAGEMENT, INC  
 6213-E PRESIDENTIAL COURT  
 FT MYERS FL 33919-3564  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

6213-A Presidential Ct

Suite, Apt. #, etc.

6213-A Presidential Ct

City & State

City & State

4. FEI Number

59-2682343

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

HENKE, CAROL J  
 HENKE PROPERTY MANAGEMENT INC  
 6213-E PRESIDENTIAL COURT  
 FT MYERS FL 33919

Name

Street Address (P.O. Box Number is Not Acceptable)

6213-A Presidential Ct

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

*Carol J Henke*

4/27/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
 NAME **DAKOS, NICHOLAS**  
 STREET ADDRESS **5280 BLUE CRAB CIRCLE**  
 CITY-ST-ZIP **BOKEELIA FL 33922**

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

TITLE **SD** ☐ Delete  
 NAME **SCHULTE, EDITH**  
 STREET ADDRESS **5401 BLUE CRAB CIRCLE, #01**  
 CITY-ST-ZIP **BOKEELIA FL 33922**

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

TITLE **DVP** ☐ Delete  
 NAME **KELLER, BILL**  
 STREET ADDRESS **5411 BLUE CRAB CIR., P2**  
 CITY-ST-ZIP **BOKEELIA FL 33922**

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

TITLE **DT** ☒ Delete  
 NAME **GOLDSWORTHY, EARL**  
 STREET ADDRESS **5461 BLUE CRAB CIRCLE, S-3**  
 CITY-ST-ZIP **BOKEELIA FL 33922**

TITLE **DT** ☐ Change ☒ Addition  
 NAME **CHARLES BULLOCK**  
 STREET ADDRESS **5231 Blue Crab Key # C3**  
 CITY-ST-ZIP **Bokeelia, FL 33922**

TITLE **PD** ☐ Delete  
 NAME **STIDWELL, JAMES**  
 STREET ADDRESS **5301 BLUE CRAB CIRCLE, STE #14**  
 CITY-ST-ZIP **BOKEELIA FL 33922**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

*James Stidwell*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

941-481-7150

Daytime Phone #

CR2E037 (9/99)