

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04256

1. Entity Name

BLUE CRAB KEY CONDOMINIUM ASSOCIATION, INC.

FILED

May 07, 2002 8:00 am
Secretary of State

05-07-2002 90359 014 ****61.25

Principal Place of Business

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

Mailing Address

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

59-2682343

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

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

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.

SIGNATURE

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 SD ☐ Change ☒ Addition
NAME Earl Golds worthy
STREET ADDRESS Blue Crab Circle
CITY-ST-ZIP Bokeelia, FL 33922

TITLE SD ☐ Delete
NAME HORNSBY, THOMAS
STREET ADDRESS 5261 BLUE CRAB CIRCLE #E5
CITY-ST-ZIP BOKEELIA FL 33922

TITLE TD ☒ Change ☐ Addition
NAME Hornsby, Thomas
STREET ADDRESS 5261 Blue Crab Circle #E5
CITY-ST-ZIP Bokeelia, FL 33922

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 BULLOCK, CHARLES
STREET ADDRESS 5231 BLUE CRAB KEY #C3
CITY-ST-ZIP BOKEELIA FL 33922

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

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, as empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-2002

CR2E037 (9/01)