

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12614

1. Entity Name

CRACKER COVE PROPERTY OWNERS ASSOCIATION, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90114 019 ****61.25

Principal Place of Business

Mailing Address

% THE WARNER CORP
886 NORTH 110TH AVE #7
NAPLES FL 34108
US

% THE WARNER CORP
886 NORTH 110TH AVE #7
NAPLES FL 34108-1876
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0135874

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

WARNER, BRYAN J.
886 NORTH 110TH AVE
STE 7
NAPLES FL 34108

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	VPD	<input type="checkbox"/> Delete
NAME	POLI, FRANK MR	
STREET ADDRESS	3810 SURVEY CIRCLE SE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	D	<input type="checkbox"/> Delete
NAME	RONCIN, GEORGE MR	
STREET ADDRESS	3826 CRACKER WAY	
CITY-ST-ZIP	BONITA SPRINGS FL 33134	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DALTON, FRANCIS	
STREET ADDRESS	3796 CRACKER WAY SW	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STRAFELLA, F	
STREET ADDRESS	3782 CRACKER WAY SW	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POLI, FRANK	
STREET ADDRESS	3810 SURVEY CIR., S.W.	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLI, FRANK	
STREET ADDRESS	3810 SURVEY CIRCLE SW	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREWS, DONALD	
STREET ADDRESS	3799 CRACKER WAY	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STAMP, DONALD	
STREET ADDRESS	3818 SURVEY CIRCLE SW	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAFELLA, FRANK	
STREET ADDRESS	3799 CRACKER WAY SW	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUNSWICK, ROGER	
STREET ADDRESS	3774 CRACKER WAY SW	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-2000 941-591-1800

Date

Daytime Phone #

CR2E037 (9/99)