2001 UNIFORM BUSINESS REPORT (UBR)

1/19/0

FILED
Feb 09, 2001 8:00 am
Secretary of State
01-19-2001 90078 044 ****61.25

DOCUMENT # N23653

1. Entity Name

CORINTHIAN CONDOMINIUM ASSOCIATION OF CAPE CORAL

Principal Place of Business	Mailing Address
923-929 SW 8TH PL CAPE CORAL FL 33991	~~923 SW 8TH PL~~ ~~#104~~ ~~CAPE CORAL FL 33991~~ ~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. #204	929 SW 8TH PLACE Suite, Apt. #, etc.
City & State CAPE CORAL, FL	City & State
Zip 33991 Country LEE	Zip 33991 Country LEE

4. FEI Number 65-0103437 ☐ 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
~~DESROCHERS, SIMONE~~ ~~923 SW 8TH PLACE~~ ~~APT. 103~~ ~~CAPE CORAL FL 33991~~ MICHAEL PORTNOY 929 SW 8TH PLACE #202 CAPE CORAL, FL. 33991	Name MICHAEL PORTNOY Street Address (P.O. Box Number is Not Acceptable) 929 SW 8TH PLACE #202 City CAPE CORAL, FL Zip Code 33991

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 Harold Russell PRES 1-8-2001
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 NAME STREET ADDRESS CITY-ST-ZIP	PD GERHARDT, RUDOLPH ~~HAROLD RUSSELL~~ 923 SW 8TH PLACE ~~929 SW 8TH PLACE~~ CAPE CORAL FL ~~CAPE CORAL, FL 33991~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT & T HAROLD RUSSELL 929 SW 8TH PLACE #204 CAPE CORAL, FL 33991 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MOLNAR, ROBERT 923 SW 8TH PL CAPE CORAL FL 33991 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP & T ROBERT MOLNAR 923 SW 8TH PL CAPE CORAL, FL 33991 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ~~DESROCHERS, SIMONE~~ MICHAEL PORTNOY ~~923 SW 8TH PLACE~~ 929 SW 8TH PLACE #202 ~~CAPE CORAL FL~~ CAPE CORAL, FL 33991 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD & TRUSTY MICHAEL PORTNOY 929 8TH PLACE # 202 CAPE CORAL, FL 33991 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: ~~HAROLD RUSSELL~~ Harold Russell 1-8-2001 941-574-6427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

THE DIRECTORS ALSO ACT AS TRUSTEE. WE ARE AN 8 FAMILY ASSOCIATION.