## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 19, 2001 8:00 am § Secretary of State DOCUMENT # N9300000416 1. Entity Name ROYAL MARCO POINT II CONDOMINIUM ASSOCIATION, IN 03-19-2001 90024 021 \*\*\*\*61.25 Principal Place of Business Mailing Address 5000 ROYAL MARCO WAY 5000 ROYAL MARCO WAY $\sim$ $\sigma$ $\sigma$ $\sigma$ $\sigma$ MARCO ISLAND FL 34145 MARCO ISLAND FL 34145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0422932 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GREUSEL, JAMIE B **BERRY & GREUSEL** 1104 N. COLLIER BLVD City Zip Code MARCO ISLAND FL 34145 FL 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 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. П Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. DVP ☐ Addition TITLE Delete TITLE SUFFIAN, MICHAEL NAME NAME STREET ADDRESS 4000 ROYAL MAREO WAY #424 STREET ADDRESS CITY-ST-ZIP MARCO ISLAND FL 34145 CITY-ST-ZIE DP ☐ Change ☐ Addition TITLE ☐ Delete TITLE GENIRS, ROBERT E. NAME NAME STREET ADDRESS 5000 ROYAL MARCO WAY #634 STREET ADDRESS CITY ST-ZIP-CITY-ST-ZIP MARCO ISLAND FL 34145 ~ Addition DVP TITLE ☐ Change TITLE 🔽 Delete BRYAN, RONALD G. 4000 ROYAL MARCO WAY # 129 MARCO FSLAND, FL 34145 WILSON, ELVA B. NAME NAME STREET ADDRESS STREET ADDRESS 5000 ROYAL MARCO WAY #335 CITY-ST-ZIP CITY-ST-ZIP MARCO ISLAND FL 34145 DT ☐ Change ■ Addition TITLE ☐ Delete TITI F SCHALL, JUDITH NAME NAME STREET ADDRESS 4000 ROYAL MARCO WAY #324 STREET ADDRESS CITY-ST-ZIP MARCO ISLAND FL 34145 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition BOLONDA, JAMES A. NAME NAME STREET ADDRESS 4000 ROYAL MARCO WAY #277 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARCO ISLAND FL 34145 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

3-15-01 941-642-0709 Date Daytime Phone #

FILED