

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N94000005347**

1. Entity Name

**NORTH SHORE AT KINGSWAY CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

**12144 SW EGRET CIRCLE  
LAKE SUZY FL 34266**

Mailing Address

**12144 SW EGRET CIRCLE  
LAKE SUZY FL 34266**

2. Principal Place of Business

**12144 S.W. EGRET CIRCLE**

Suite, Apt. #, etc.

3. Mailing Address

**12144 S.W. EGRET CIRCLE**

Suite, Apt. #, etc.

City &amp; State

**LAKE SUZY, FL**

City &amp; State

**LAKE SUZY, FL**

Zip

**34269**

Country

Zip

**34269**

Country

4. FEI Number

**59-3314123**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**STAR HOSPITALITY MGMT INC  
15510 BURNT STORE ROAD  
PUNTA GORDA FL 33955**

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD SCHUSTER, BARBARA 12144 S.W. EGRET CIRCLE LAKE SUZY FL 34266</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD MEDICO, CARL 12144 S.W. EGRET CIRCLE LAKE SUZY FL 34266</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD KOLLER, ALOYSIUS 12144 S.W. EGRET CIRCLE LAKE SUZY FL 34266</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD MADDEN, DARLENE 12144 S W EGRET CIRCLE LAKE SUZY FL 34266</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D DOYLE, ROBERT 12144 S W EGRET CIRCLE LAKE SUZY FL 34266</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D VOLKMAN, GEORGE 12144 S.W. EGRET CIRCLE LAKE SUZY, FL 34269</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD MEDICO, CARL 12144 S.W. EGRET CIRCLE LAKE SUZY, FL 34269</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D CARPENITO, VINCENT 12144 S.W. EGRET CIRCLE LAKE SUZY, FL 34269</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T/S MADDEN, DARLENE 12144 S.W. EGRET CIRCLE LAKE SUZY, FL 34269</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD DOYLE, ROBERT 12144 S.W. EGRET CIRCLE LAKE SUZY, FL 34269</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**2/18/02**

Date

**(41) 235-0592**

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)