

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90461 019 \*\*\*\*70.00

**DOCUMENT # N95000005526**

1. Entity Name

**CLUB RAPHAEL AT PELICAN BAY CONDOMINIUM ASSOCIAT**

Principal Place of Business

Mailing Address

C/O WOODWARD. PIRES  
 801 LAUREL OAK DR. # 710  
 NAPLES FL 34108  
 US

C/O WOODWARD. PIRES  
 801 LAUREL OAK DR. # 710  
 NAPLES FL 34108  
 US

**C0063333**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3200 Tamiami Trail N.**

3. Mailing Address

**3200 Tamiami Trail N.**

Suite, Apt. #, etc.

**Suite 200**

Suite, Apt. #, etc.

**Suite 200**

City & State

**Naples, FL**

City & State

**Naples, FL**

4. FEI Number

**65-0678492**

Applied For

Not Applicable

Zip

**34103**

Country

Zip

**34103**

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

**WOODWARD, MARK J ESQ.  
 WOODWARD, PIRES & LOMBARDO, PA  
 801 LAUREL OAK DR, SUITE 710  
 NAPLES FL 34108**

Name

Street Address (P.O. Box Number is Not Acceptable)

**3200 Tamiami Trail N., Suite 200**

City

**Naples**

**FL**

Zip Code

**34103**

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	<b>DST</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DINARDO, ANTHONY</b>	
STREET ADDRESS	<b>3470 CLUB CENTER BLVD</b>	
CITY-ST-ZIP	<b>NAPLES FL 34114</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PARISI, JOSEPH L.</b>	
STREET ADDRESS	<b>3470 CLUB CENTER BLVD</b>	
CITY-ST-ZIP	<b>NAPLES FL 34114</b>	
TITLE	<b>DV</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RIEGELHAUPT, RHEA</b>	
STREET ADDRESS	<b>3470 CLUB CENTER BLVD</b>	
CITY-ST-ZIP	<b>NAPLES FL 34114</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HAYES, JOHN</b>	
STREET ADDRESS	<b>3470 CLUB CENTER BLVD</b>	
CITY-ST-ZIP	<b>NAPLES, FL 34114</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARISI, JOSEPH L.</b>	
STREET ADDRESS	<b>3470 CLUB CENTER BLVD</b>	
CITY-ST-ZIP	<b>NAPLES, FL 34114</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GASCHLER, MICHAEL</b>	
STREET ADDRESS	<b>7117 PELICAN BAY BLVD #605</b>	
CITY-ST-ZIP	<b>NAPLES, FL 34108</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(l), 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:** *Joseph L Parisi* **SIGNATURE REQUIRED**

04/25/01

941 732 9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)