

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90575 037 ****70.00

DOCUMENT # N95000005526

1. Entity Name

CLUB RAPHAEL AT PELICAN BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3200 TAMiami TRAIL N. SUITE 200
 NAPLES FL 34103
 US**

**3200 TAMiami TRAIL N. SUITE 200
 NAPLES FL 34103
 US**

2. Principal Place of Business

3. Mailing Address

7117 Pelican Bay Blvd

7117 Pelican Bay Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

65-0678492

Applied For

Not Applicable

Zip

34108

Country

US

Zip

34108

Country

US

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.
 3200 TAMiami TRAIL N, SUITE 200
 NAPLES FL 34103**

Name

Steven M. Falk, Esq.

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

850 Park Shore Drive, 3rd Floor

City

Naples

FL

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

Steven M. Falk

4/24/02

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	PD	<input checked="" type="checkbox"/> Delete
NAME	HAYES, JOHN	
STREET ADDRESS	3470 CLUB CENTER BLVD	
CITY-ST-ZIP	NAPLES FL 34114	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	PARISI, JOSEPH L.	
STREET ADDRESS	3470 CLUB CENTER BLVD	
CITY-ST-ZIP	NAPLES FL 34114	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	GASCHLER, MICHAEL	
STREET ADDRESS	7117 PELICAN BAY BLVD #605	
CITY-ST-ZIP	NAPLES FL 34108	
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	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRED CACACE	
STREET ADDRESS	7117 PELICAN BAY BLVD #1207	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD HEEND	
STREET ADDRESS	7117 PELICAN BAY BLVD #1505	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT CARREN	
STREET ADDRESS	7117 PELICAN BAY BLVD #1403	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGARET TRAVISOR	
STREET ADDRESS	7117 PELICAN BAY BLVD #1401	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM LAPHAM	
STREET ADDRESS	7117 PELICAN BAY BLVD #1504	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THEODORE RAHA	
STREET ADDRESS	7117 PELICAN BAY BLVD #404	
CITY-ST-ZIP	NAPLES, FL 34108	

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:

Richard P. Heend 473-02 (941) 593-9611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRSE037 (9/01)