

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

DOCUMENT # N96000000067

1. Entity Name

MONTERREY CONDOMINIUM ASSOCIATION, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

03-23-2000 90017 011 ****61.25

Principal Place of Business
980 CAPE MARCO DR
MARCO ISLAND FL 34145

Mailing Address
980 CAPE MARCO DR
MARCO ISLAND FL 34145-6337



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number
65-0633958

Applied For
☐ Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
SAMOUCE, ROBERT M ESQ.
SWALM, MURRELL & SAMOUCE
2375 TAMiami TRl N- STE 300
NAPLES FL 34108-34108

SAMOUCE, MURRELL & FRANCIS
800 LAUREL OAK DR.
300

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 _____ (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	D	<input checked="" type="checkbox"/> Delete	TITLE	GLENN DuBRUCG	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTARAMIAN, JACK J		NAME	980 CAPE MARCO DR. #1306	
STREET ADDRESS	365- 5TH AVE S- STE 201		STREET ADDRESS	MARCO ISLAND, FL 34145	
CITY-ST-ZIP	NAPLES FL 34102		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	RALPH MADONNA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, CHARLES		NAME	980 CAPE MARCO DR. #1006	
STREET ADDRESS	365- 5TH AVE S- STE 201		STREET ADDRESS	MARCO ISLAND FL 34145	
CITY-ST-ZIP	NAPLES FL 34102		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	JERRY COOPER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANDELSMAN, HERBERT		NAME	980 CAPE MARCO DR. PH2	
STREET ADDRESS	980 CAPE MARCO DR- #1001		STREET ADDRESS	MARCO ISLAND FL 34145	
CITY-ST-ZIP	MARCO ISLAND FL 34145		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	JAMES PARADISE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARADISE, JAMES		NAME	980 CAPE MARCO DR. #503	
STREET ADDRESS	980 CAPE MARCO DR- #503		STREET ADDRESS	MARCO ISLAND FL 34145	
CITY-ST-ZIP	MARCO ISLAND FL 34145		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, MARGARET		NAME		
STREET ADDRESS	980 CAPE MARCO DR- #705		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL 34145		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DISANTO, LOUIS		NAME		
STREET ADDRESS	980 CAPE MARCO DR- #1002		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL 34145		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)(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: Glenn DuBrucg 3-20-00 941/642-6809

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #