

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90057 048 ****61.25

DOCUMENT # N96000000067

1. Entity Name

MONTERREY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**980 CAPE MARCO DR
MARCO ISLAND FL 34145****980 CAPE MARCO DR
MARCO ISLAND FL 34145**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0633958

Applied For

Not Applicable

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

**SAMOUCE, ROBERT M ESQ.
SAMOUCE, MURRELL & FRANCOEUR, PA
800 LAUREL OAK DR. #300
NAPLES FL 34108**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	DUBRUCCO, GLENN	
STREET ADDRESS	980 CAPE MARCO DR. #1306	
CITY-ST-ZIP	MARCO ISLAND FL 34145	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MADONNA, RALPH	
STREET ADDRESS	980 CAPE MARCO DR. #1006	
CITY-ST-ZIP	MARCO ISLAND FL 34145	

TITLE	T	<input type="checkbox"/> Delete
NAME	COOPER, JERRY	
STREET ADDRESS	980 CAPE MARCO DR. PH2	
CITY-ST-ZIP	MARCO ISLAND FL 34145	

TITLE	PD	<input type="checkbox"/> Delete
NAME	PARADISE, JAMES	
STREET ADDRESS	980 CAPE MARCO DR- #503	
CITY-ST-ZIP	MARCO ISLAND FL 34145	

TITLE	D	<input type="checkbox"/> Delete
NAME	DISANTO, LOUIS	
STREET ADDRESS	980 CAPE MARCO DR- #1002	
CITY-ST-ZIP	MARCO ISLAND FL 34145	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD BERGMANN	
STREET ADDRESS	980 CAPE MARCO DR. #603	
CITY-ST-ZIP	MARCO ISLAND FL 34145	

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		

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)(f), 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 DU BRUCCO 02/20/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)