

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90285 021 \*\*\*\*61.25

**DOCUMENT # N96000005159**

1. Entity Name

**RAVENNA AT PELICAN MARSH I CONDOMINIUM ASSOCIATI**

Principal Place of Business MARSH BOULEVARD FL 33963	Mailing Address 6732 LONE OAK BLVD. NAPLES FL 34109-6834 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
--	--

4. FEI Number <b>59-3405189</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**KRAMER-TRIAD LLC**  
**6732 LONE OAK BLVD.**  
**NAPLES FL 34109**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CORSONES, DEAN</b>
STREET ADDRESS	<b>6732 LONE OAK BLVD.</b>
CITY-ST-ZIP	<b>NAPLES FL 34109</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>GUARINO, ROGER</b>
STREET ADDRESS	<b>6732 LONE OAK BLVD.</b>
CITY-ST-ZIP	<b>NAPLES FL 34109</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>LIADIS, STEVE</b>
STREET ADDRESS	<b>6732 LONE OAK BLVD.</b>
CITY-ST-ZIP	<b>NAPLES FL 34109</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>NELSON, LORNE</b>
STREET ADDRESS	<b>6732 LONE OAK BLVD.</b>
CITY-ST-ZIP	<b>NAPLES FL 34109</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>TARANTINO, THOMAS</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>IACOPONI, ANTHONY</b>
STREET ADDRESS	<b>2433 RAVENNA BLVD.</b>
CITY-ST-ZIP	<b>NAPLES FL 34109</b>
TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TARANTINO, THOMAS</b>
STREET ADDRESS	<b>2421 RAVENNA BLVD #101</b>
CITY-ST-ZIP	<b>NAPLES FL 34109</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)(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 4/20/00** **941 592-1577**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)