

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001156

1. Entity Name

THE STRAND MASTER PROPERTY OWNERS ASSOCIATION, I

FILED

Feb 09, 2001 8:00 am  
Secretary of State

02-09-2001 90233 006 \*\*\*\*61.25

Principal Place of Business

5800 STRAND BLVD  
NAPLES FL 34110

Mailing Address

5800 STRAND BLVD  
NAPLES FL 34110

2. Principal Place of Business

5645 STRAND BLVD

3. Mailing Address

5645 STRAND BLVD

Suite, Apt. #, etc.

SUITE 3

Suite, Apt. #, etc.

SUITE 3

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34110

Country

OLLIER

Zip

34110

Country

OLLIER

4. FEI Number

59-3473780

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

SALVATORI, LEO J  
4501 TAMiami TRAIL NORTH  
SUITE 300  
NAPLES FL 34103

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 PD  
NAME HARDY, ROBERT PAUL  
STREET ADDRESS 10621 AIRPORT-PULLING ROAD NORTH, SUITE 1  
CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME DORRILL, W. NEIL  
STREET ADDRESS 10621 AIRPORT-PULLING ROAD NORTH, SUITE 1  
CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD  
NAME TOLSON, RENEE  
STREET ADDRESS 10621 AIRPORT-PULLING ROAD NORTH, SUITE 1  
CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
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TITLE  
NAME ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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 or without other lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/01 941-592-9115

Date

Daytime Phone #

CR2E037 (10/00)