

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90054 032 *****61.25

DOCUMENT # N97000001156

1. Entity Name

THE STRAND MASTER PROPERTY OWNERS ASSOCIATION, I
NC.

Principal Place of Business

Mailing Address

5645 STRAND BLVD
SUITE 3
NAPLES FL 34110

5645 STRAND BLVD
SUITE 3
NAPLES FL 34110

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

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 TAMAMI 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: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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

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

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

TITLE: VSTD ☒ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: 5692 STRAND COURT, SUITE 1
CITY-ST-ZIP: NAPLES, FL 34110

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: PD ☐ Change ☒ Addition
NAME: DAVID TEETS
STREET ADDRESS: 5692 STRAND COURT #1
CITY-ST-ZIP: NAPLES, FL 34110

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: D ☐ Change ☒ Addition
NAME: BETH WEBER
STREET ADDRESS: 5692 STRAND COURT #1
CITY-ST-ZIP: NAPLES, FL 34110

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-02

Date

941-592-7344

Daytime Phone #

CR2E037 (9/01)