

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000001447**

1. Entity Name

THE STRAND HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5645 STRAUD BLVD.
SUITE 3
NAPLES FL 34110
US5645 STRAUD BLVD.
SUITE 3
NAPLES FL 34110
US

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

59-3473779

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

HUMPHREVILLE, JOHN D
QUARLES & BRADY
4501 TAMiami TRAIL N, SUITE 300
NAPLES FL 34103

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 \$61.259. 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 P ☒ Delete
STREET ADDRESS 5692 STRAND COURT SUITE 1
CITY-ST-ZIP NAPLES FL 34110TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE VD
NAME DORRILL, W NEIL ☒ Delete
STREET ADDRESS 5645 STRAND BLVD. SUITE 3
CITY-ST-ZIP NAPLES FL 34110TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE STD
NAME TOLSON, RENEE "D" ☐ Delete
STREET ADDRESS 5692 STRAND COURT SUITE 1
CITY-ST-ZIP NAPLES FL 34110TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME BETH WEBER "D" ☐ Delete
STREET ADDRESS 5692 STRAND COURT SUITE 1
CITY-ST-ZIP NAPLES, FL 34110TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME DAVE TEETS "D" ☐ Delete
STREET ADDRESS 5692 STRAND COURT SUITE 1
CITY-ST-ZIP NAPLES, FL 34110TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
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 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 #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)