

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90013 013 \*\*\*\*61.25

**DOCUMENT # N98000001559**

1. Entity Name

**MUTINY ON THE BAY CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2951 SOUTH BAYSHORE DRIVE  
COCONUT GROVE FL 33133

2951 SOUTH BAYSHORE DRIVE  
COCONUT GROVE FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0826948**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PROVIDENT MANAGEMENT CORPORATION  
1700 MCMULLEN-BOOTH RD  
STE 8-5  
CLEARWATER FL 33759**

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 resigning)

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  Delete  
NAME: KUNCAR, EDWARD  
STREET ADDRESS: 2951 SOUTH BAYSHORE DRIVE  
CITY-ST-ZIP: COCONUT GROVE FL 33133

TITLE: President  Change  Addition  
NAME: Edward Kuncar  
STREET ADDRESS: 2951 South Bayshore Drive **D**  
CITY-ST-ZIP: Miami, FL 33133

TITLE: VD  Delete  
NAME: MACLIN, RUSSELL  
STREET ADDRESS: 2951 SOUTH BAYSHORE DRIVE  
CITY-ST-ZIP: COCONUT GROVE FL 33133

TITLE: Vice President/Treasurer  Change  Addition  
NAME: Ramon Lopez  
STREET ADDRESS: 2951 S. Bayshore Drive **D**  
CITY-ST-ZIP: Miami, FL 33133

TITLE: STD  Delete  
NAME: LOPEZ, RAMON  
STREET ADDRESS: 2951 SOUTH BAYSHORE DRIVE  
CITY-ST-ZIP: COCONUT GROVE FL 33133

TITLE: Secretary  Change  Addition  
NAME: Julio Somoza  
STREET ADDRESS: 2951 S. Bayshore Drive **D**  
CITY-ST-ZIP: Miami, FL 33133

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

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

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

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

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

TITLE:  Change  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 info empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**2/28/01**

**305-441-2100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)