

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22197

1. Entity Name

DOCKSIDE AT VENTURA CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

2580 WOODGATE BLVD.
ORLANDO FL 32822

Mailing Address

2580 WOODGATE BLVD.
ORLANDO FL 32822-5886

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3038018

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMEO PROFESSIONALS, INC.
2580 WOODGATE BOWL
ORLANDO, FL 32822

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

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.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KOOL, WENDY	
STREET ADDRESS	5675 MURRAY STREET	
CITY-ST-ZIP	PIERREFONDS, QUEBEC H8Z1L6	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, DAN	
STREET ADDRESS	401 2ND AVENUE S., #110 FLOOR	
CITY-ST-ZIP	SEATTLE WA 98104	
TITLE	S	<input type="checkbox"/> Delete
NAME	PETERSON, NOEL	
STREET ADDRESS	7800 RIDGECREST	
CITY-ST-ZIP	ALEXANDRIA VA 22308	
TITLE	D	<input type="checkbox"/> Delete
NAME	TROTTIER, ROBERT	
STREET ADDRESS	81 TADOUSSAC	
CITY-ST-ZIP	ALMER, QUEBEC CA J95-2-9	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MEE, THOMAS	
STREET ADDRESS	11350 MCCORMICK ROAD, #3200	
CITY-ST-ZIP	HUNT VALLEY MD 21031	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCUNGIO, JOHN A	
STREET ADDRESS	995 ADMIRAL STREET	
CITY-ST-ZIP	PROVIDENCE RI 02940	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Trottier, Robert	
STREET ADDRESS	81 Tadoussac	
CITY-ST-ZIP	Almer, Quebec Ca J95-2-9	
TITLE	Treasure	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson, Chris	
STREET ADDRESS	11350 McCormick Rd Ste 200	
CITY-ST-ZIP	Hunt Valley, Md 21031	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scungio, John	
STREET ADDRESS	P.O. Box 6106	
CITY-ST-ZIP	Providence, RI 02940	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Mrs. Wendy Koool
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90153 032 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)