

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01880

1. Entity Name

THE WINDSTAR CONDOMINIUM SECTION ONE ASSOCIATION

Principal Place of Business

Mailing Address

C/O INTEGRATED PROPERTY MGMT.
3435 - 10TH STREET N. #201
NAPLES FL 34103
US

C/O INTEGRATED PROPERTY MGMT.
3435 - 10TH STREET N. #201
NAPLES FL 34103-3815
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

59-2451042

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

FALK, STEVEN M
C/O ROETZLE & ANDRES
850 PARK SHORE DR. - 3RD FLOOR
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 ☒ Delete
NAME GERHARDT, ELIZABETH
STREET ADDRESS 4402 YACHT HARBOR DR
CITY-ST-ZIP NAPLES FL 34112

TITLE P/D ☐ Change ☒ Addition
NAME Marr, Walter
STREET ADDRESS 4650 Yacht Harbor Dr.
CITY-ST-ZIP Naples, FL

TITLE TDV ☐ Delete
NAME CAPPELETTI, ELIZABETH
STREET ADDRESS 4400 YACHT HARBOR DR
CITY-ST-ZIP NAPLES FL 34112

TITLE V/D ☒ Change ☐ Addition
NAME Cappelletti, Elizabeth
STREET ADDRESS 4400 Yacht Harbor Dr.
CITY-ST-ZIP Naples, FL

TITLE SD ☐ Delete
NAME WALSH, MICHAEL
STREET ADDRESS 4456 YACHT HARBOR DR
CITY-ST-ZIP NAPLES FL

TITLE V/D ☒ Change ☐ Addition
NAME Walsh, Michael
STREET ADDRESS 4456 Yacht Harbor Dr.
CITY-ST-ZIP Naples, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S/D ☐ Change ☒ Addition
NAME Barnicle, Terrence
STREET ADDRESS 4650 Yacht Harbor Dr.
CITY-ST-ZIP Naples, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T/D ☐ Change ☒ Addition
NAME Allison, Robert
STREET ADDRESS 4456 Yacht Harbor Dr.
CITY-ST-ZIP Naples, FL

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00

941-775-8630

Date

Daytime Phone #

CP2E037 (9/99)