

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728692

1. Entity Name

ADMIRALTY POINT CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90020 031 \*\*\*\*61.25

Principal Place of Business Mailing Address  
2300 GULF SHORE BOULEVARD NORTH 2300 GULF SHORE BOULEVARD NORTH  
NAPLES FL 33940 NAPLES FL 34103-4379

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 59-1648490 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

FALK, STEPHEN M.  
850 PARKSHORE DR.  
NAPLES FL 34103

## 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. ☐ \$5.00 May Be Added to Fees

Make Check Payable to  
Department of State

## 10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	KARG, JAMES	
STREET ADDRESS	2400 N GULF SHORE BLVD #302	
CITY-ST-ZIP	NAPLES FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WILCOX, DAVID	
STREET ADDRESS	2307 GULF SHORE BLVD., N.	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MACK, RICHARD	
STREET ADDRESS	2315 GULF SHORE BLVD., N.	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	NICOLEY, BETTY	
STREET ADDRESS	2384 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAYNE, KATHY	
STREET ADDRESS	2400 GULF SHORE BLVD, NORTH #605	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input type="checkbox"/> Delete
NAME	PECARO, BERNARD	
STREET ADDRESS	2390 GULF SHORE BLVD NORTH	
CITY-ST-ZIP	NAPLES FL 34103	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Borman, Earle K.	
STREET ADDRESS	2354 gulf shore Blvd. N.	
CITY-ST-ZIP	Naples, FL	
TITLE	Nicolay	<input checked="" 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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/2000 941 262 3051

CR2E037 (9/99)