

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90143 024 ****61.25

DOCUMENT # 756634

1. Entity Name

ENGLEWOOD BEACH PLACE CONDOMINIUM ASSOCIATION, I

Principal Place of Business

Mailing Address

**1480 GULF BLVD
 ENGLEWOOD FL 34223**

**250 W. TAMPA AVE.
 VENICE FL 34285-1729
 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

59-2233117

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

**CALDWELL, ANNETTE K
 KEYS-CALDWELL PROPERTY MANAGEMENT
 250 W. TAMPA AVE
 VENCIE FL 34285**

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 **VD** ☒ Delete
 NAME **CORMAN, ROBERT**
 STREET ADDRESS **1480 GULF BLVD #305**
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **VP** ☐ Change ☒ Addition
 NAME **William Tanis, Sr**
 STREET ADDRESS **42 Lake End Pond**
 CITY-ST-ZIP **Green Pond, NJ 07435**

TITLE **PD** ☐ Delete
 NAME **SYNDER, JACK O**
 STREET ADDRESS **202 N PROSPECT RD**
 CITY-ST-ZIP **BLOOMINGTON IL**

TITLE **P** ☐ Change ☒ Addition
 NAME **Kay Farmer**
 STREET ADDRESS **264 East Santa Fe**
 CITY-ST-ZIP **Toloca, IL 61369**

TITLE **TD** ☐ Delete
 NAME **WOMBACHER, R.C.**
 STREET ADDRESS **1105 EAST LAFAYETTE**
 CITY-ST-ZIP **BLOOMINGTON IL**

TITLE **D** ☐ Change ☒ Addition
 NAME **Lee Milligan**
 STREET ADDRESS **1480 Gulf Blvd. #107**
 CITY-ST-ZIP **Englewood, FL 34223**

TITLE **SD** ☐ Delete
 NAME **WINN, WILMA**
 STREET ADDRESS **1224 TOWLEY DR**
 CITY-ST-ZIP **BLOOMINGTON IL**

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert C. Wombacher 4/25/00 941-484-6108