

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756634

1. Entity Name

ENGLEWOOD BEACH PLACE CONDOMINIUM ASSOCIATION, I

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90162 035 *****61.25

Principal Place of Business

1480 GULF BLVD
ENGLEWOOD FL 34223

Mailing Address

250 W. TAMPA AVE.
VENICE FL 34285
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1747 S. Tamiami Tr
223

City & State

City & State
Venice FL

Zip

Country

Zip
34293

Country
USA

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

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1747 S. Tamiami Tr # 223

City

Venice

FL

Zip Code

34293

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 checked="" type="checkbox"/> Delete
NAME	CORMAN, ROBERT	
STREET ADDRESS	1480 GULF BLVD #305	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SYNDER, JACK O	
STREET ADDRESS	202 N PROSPECT RD	
CITY-ST-ZIP	BLOOMINGTON IL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WOMBACHER, R.C.	
STREET ADDRESS	1105 EAST LAFAYETTE	
CITY-ST-ZIP	BLOOMINGTON IL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WINN, WILMA	
STREET ADDRESS	1224 TOWLEY DR	
CITY-ST-ZIP	BLOOMINGTON IL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TANIS, WILLIAM	
STREET ADDRESS	1480 GULF BLVD #304	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TANIS, PETER	
STREET ADDRESS	1480 GULF BLVD #302	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Milligan, Lee	
STREET ADDRESS	1480 Gulf Blvd	
CITY-ST-ZIP	Englewood, FL 34223	
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		

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: Lee Milligan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/01 941-408-8293
Date Daytime Phone #

CR2E037 (10/00)