

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 09, 2002 8:00 am
Secretary of State

05-09-2002 90087 026 ****61.25

DOCUMENT # 752637

1. Entity Name

ESTANCIAS OF CAPRI ISLES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**650 AVENIDA ESTANCIAS
P.O. BOX 1947
VENICE FL 34284
US**

Mailing Address

**PO BOX 1947
VENICE FL 34284
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

59-2069986

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

**SOUICIE, LUCILLE
760 B AVENIDA ESTANCIAS
VENICE FL 34292**

Name **Luttrell, Donald**

Street Address (P.O. Box Number is Not Acceptable)
766H Avenida Estancias

City

Venice

FL

Zip Code **34292**

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 **SOUICIE, LUCILLE**
STREET ADDRESS **760 B AVENIDA ESTANCIAS**
CITY-ST-ZIP **VENICE FL 34292**

TITLE **PD** ☐ Change ☐ Addition
NAME **Luttrell, Donald**
STREET ADDRESS **766H Avenida Estancias**
CITY-ST-ZIP **Venice, FL 34292**

TITLE **STD** ☐ Delete
NAME **COLLINS, JAMES**
STREET ADDRESS **760 D AVENIDA ESTANCIAS**
CITY-ST-ZIP **VENICE FL 34292**

TITLE **STD** ☐ Change ☐ Addition
NAME **Testa, Norma**
STREET ADDRESS **760C Avenida Estancias**
CITY-ST-ZIP **Venice, FL 34292**

TITLE **VD** ☐ Delete
NAME **LUTTRELL, DAVID**
STREET ADDRESS **766 H AVENIDA ESTANCIAS**
CITY-ST-ZIP **VENICE FL 34292**

TITLE **VD** ☐ Change ☐ Addition
NAME **Richard Ulrich**
STREET ADDRESS **764K Avenida Estancias**
CITY-ST-ZIP **Venice, FL 34292**

TITLE **TD** ☐ Delete
NAME **GLORDANO, BARBARA**
STREET ADDRESS **748B AVENIDA ESTANCUS**
CITY-ST-ZIP **VENICE FL 34292**

TITLE **TD** ☐ Change ☐ Addition
NAME **Giordano, Barbara**
STREET ADDRESS **748B Avenida Estancias**
CITY-ST-ZIP **Venice, FL 34292**

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

Date

Daytime Phone #

CR2E037 (9/01)