## 2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED RAME OF SIGN

## May 29, 2002 8:00 am Secretary of State **DOCUMENT # 750803** 1. Entity Name SPANISH HARBOR CONDOMINIUM ASSOCIATION, INC. 04-10-2002 90671 039 \*\*\*\*61.25 Principal Place of Business Mailing Address 9395 PENINSYLVANIA AVENUE #43 BONITA SPRINGS FL 33923 9395 PENNSYLVANIA AVENUE #43 BONITA SPRINGS FL 34135 Crozora 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2057308 Zip Not Applicable Country Zip Country 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 Name MUL HY#FRANCIS:L= Street Address (P.O. Box Number is Not Acceptable) 9395 PENINSYLVANIA 37 **BONITA SPRINGS FL 34135** 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE MURPHY, FRANK NAME ☐ Change □ Addition NAME STREET ADDRESS 9395 PENNSYLVANIA , #37 STREET ADDRESS CITY-ST-71P BONITA SPRINGS FL 34135 CITY-ST-ZIP TITLE Delete TITLE DS NAME DEUTCH, MARHIT ☐ Change Addition NAME CRAIG G. SLUANSON STREET ADDRESS 19395 PENNSYLVANIA 31 STREET ADDRESS 9395 RENNSYLVANIA H 28 CITY-ST-ZIP BONITA SPRINGS FL 34135 CITY-ST-ZIP us, FL TITLE Delete ппе BREEDLOVE, B A O'MICHAEL DEUTSCH ☐ Change NAME ☐ Addition NAME STREET ADDRESS 9395 PENNSYLVANIA 5 世31 STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS FL 34135 CITY-ST-ZIP TITLE ☐ Delete TITLE Change NAME ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with another like empowered.

resident

941-992 -776

FILED