2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State
04-11-2003 90141 028 ****61.25

0052789

DOCUMENT # 703200

1. Entity Name

OCEAN TERRACE CONDOMINIUM ASSOCIATION OF NAPLES, INC.

Principal Place of Business	Mailing Address
1500 GULF SHORE BLVD.N. NAPLES FL 34102 US	1250 TAMIAMI TRAIL NORTH 211 NAPLES FL 34102 US

☐ CHECK HERE IF MAKING CHANGES

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 59-1160697 ☐ 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
MONGILLO, KRAUSE LLP 1250 TAMIAMI TRAIL NORTH #211 NAPLES FL 34102	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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KAPELINSKI, ED 1500 GULFSHORE BLVD. N NAPLES FL 34102	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD IORIO,JENNIFER 1500 GULFSHORE BLVD N NAPLES, FL 34102	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD IORIO, JENNIFER 1500 GULFHSORE BLVD N. NAPLES FL 34102	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SMITH,JOHN 1500 GULFSHORE BLVD N NAPLES, FL 34102	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DONALDSON, BILL 1500 GULFSHORE BLVD NO NAPLES FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LEWALLEN,ANNE 1500 GULFSHORE BLVD N NAPLES, FL 34102	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MUNZ, ROBERT 1500 GULFSHORE BLVD. N NAPLES FL 34102	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLARK, NORMA 1500 GULFSHORE BLVD. N NAPLES FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: Jennifer J. Iorio 2/20/03 239-435-3536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

REQUIRED