

2002 UNIFORM BUSINESS REPORT (UBR) 61.

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90092 002 ****61.25

0037051

DOCUMENT # 723377

1. Entity Name

THE TUDOR II SOUTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

340 ORANGE TREE DRIVE
#4
ATLANTIS FL 33462
US

340 ORANGE TREE DRIVE
#2A
ATLANTIS FL 33462
US

2. Principal Place of Business

3. Mailing Address

340 ORANGE TREE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ATLANTIS, FL

Zip

Country

Zip

Country

33462

4. FEI Number

59-1573419

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

HOWARD, PAUL C
340 ORANGE TREE DR
UNIT 1
ATLANTIS FL 33462

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

Paul C Howard

03-04-02

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 ☒ Delete
NAME D
STREET ADDRESS FLACHBARTH, ROBERT K
CITY-ST-ZIP 340 ORANGE TREE DR, #2A
ATLANTIS FL 33462

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS JOHN MATTHEWSON
CITY-ST-ZIP 340 ORANGE TREE DR. UNIT 1A
ATLANTIS, FL. 33462

TITLE ☐ Delete
NAME PD
STREET ADDRESS HOWARD, PAUL
CITY-ST-ZIP 340 ORANGE TREE DR #1
ATLANTIS FL 33462

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME S
STREET ADDRESS MATTSON, GERALDINE
CITY-ST-ZIP 340 ORANGE TREE DR #1A
ATLANTIS FL 33462

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME TD
STREET ADDRESS ROWE, JEANNINE R
CITY-ST-ZIP 340 ORANGE TREE DR #4
ATLANTIS FL 33462

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VPD
STREET ADDRESS MOLANARIO, RICHARD
CITY-ST-ZIP 340 ORANGE TREE DR #3
ATLANTIS FL 33462

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: *Paul C Howard, Pres.*

03-04-02 561-4321003

CR2E037 (9/01)