

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 01, 2001 8:00 am**
Secretary of State

03-01-2001 90006 029 ****61.25

DOCUMENT # 724392

1. Entity Name

PRIVATEER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**1050 LONGBOAT CLUB ROAD
LONGBOAT KEY FL 34228
US**

Mailing Address

**1050 LONGBOAT CLUB
LONGBOAT KEY FL 34228
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

59-1540826

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

**CURLESS, G.
CONDO KEEPERS
630 S. ORANGE AVE.
SARASOTA FL 34236**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD ERICKSON, DAVID 1050 LONGBOAT CLUB RD LONGBOAT KEY FL 34228	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR KARREL, ISAAC 1050 LONGBOAT CLUB ROAD LONGBOAT KEY FL 34228	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KARREL, ISAAC 1050 LONGBOAT KEY CLUB ROAD LONGBOAT KEY FL 34228	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALBANO, JOSEPH 1050 LONGBOAT CLUB RD LONGBOAT KEY FL 34228	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ERICKSON, DAVID 1050 LONGBOAT CLUB RD LONGBOAT KEY FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD McDONNELL ROBT 1050 LONGBOAT CLUB RD LONGBOAT KEY FL 34228	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPJ SKUPIEN RITA 1050 LONGBOAT CLUB RD LONGBOAT KEY FL 34228	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR KRILL JAQUELINE 1050 LONGBOAT CLUB RD LONGBOAT KEY FL 34228	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

David Erickson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID ERICKSON

Date

2/21/01

Daytime Phone #

CR2E037 (10/00)