

2002 UNIFORM BUSINESS REPORT (UBR)

2/4/

FILED
Mar 13, 2002 8:00 am
Secretary of State

02-04-2002 90254 049 ****50.00
 03-13-2002 90105 026 ****11.25

DOCUMENT # 724392

1. Entity Name

PRIVATEER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1050 LONGBOAT CLUB ROAD
 LONGBOAT KEY FL 34228
 US

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

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 34238**

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 ☐ Delete
 NAME **PD ERICKSON, DAVID**
 STREET ADDRESS **1050 LONGBOAT CLUB RD**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

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

TITLE ☐ Delete
 NAME **TD MCDONNELL, ROBT**
 STREET ADDRESS **1050 LONGBOAT CLUB ROAD**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

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

TITLE ☐ Delete
 NAME **SD KARREL, ISAAC**
 STREET ADDRESS **1050 LONGBOAT KEY CLUB ROAD**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

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

TITLE ☐ Delete
 NAME **VD SKUPIEN, RITA**
 STREET ADDRESS **1050 LONGBOAT CLUB RD**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

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

TITLE ☒ Delete
 NAME **DR KRILL, JAQUELINE**
 STREET ADDRESS **1050 LONGBOAT CLUB RD**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE ☐ Change ☒ Addition
 NAME **DR SINGER, IRA**
 STREET ADDRESS **1050 LONGBOAT CLUB RD**
 CITY-ST-ZIP **LONGBOAT KEY FL**

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] **TREASURER**

Date

Daytime Phone

1-16-02 941 393-7760

CR2E037 (9/01)