

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

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90168 038 ****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

**2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044
US**

2. Principal Place of Business

2180 W SR 434

3. Mailing Address

Suite, Apt. #, etc.

SUITE 5000

Suite, Apt. #, etc.

City & State

LONGWOOD FL

City & State

Zip

32779-5044

Country

US

Zip

Country

4. FEI Number **59-1540826**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

**JAMES W HART JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD FL 32779**

I, 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

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

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

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

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

TITLE **DR** ☐ Delete
NAME **SINGER, IRA**
STREET ADDRESS **1050 LONGBOAT CLUB ROAD**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Erickson

Date

Daytime Phone #

CR2E037 (10/02)