

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

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

04-21-2003 90343 026 ****61.25

DOCUMENT # 728692

1. Entity Name

ADMIRALTY POINT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**2300 GULF SHORE BOULEVARD NORTH
NAPLES FL 33940**

Mailing Address

**2300 GULF SHORE BOULEVARD NORTH
NAPLES FL 33940**

55038935

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 **59-1648490**

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

**FALK, STEPHEN M.
850 PARKSHORE DR.
NAPLES FL 34103**

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

TITLE **D** ☒ Delete
NAME **STEPHENSON, JAMES**
STREET ADDRESS **2400 N GULF SHORE BLVD #302**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **VD** ☒ Delete
NAME **BUTTON, RJ**
STREET ADDRESS **2310 GULF SHORE BLVD N**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **D** ☐ Delete
NAME **BORMAN, EARLE K**
STREET ADDRESS **2354 GULF SHORE BLVD N**
CITY-ST-ZIP **NAPLES FL**

TITLE **SD** ☐ Delete
NAME **NICOLAY, BETTY**
STREET ADDRESS **2384 GULF SHORE BLVD N**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **D** ☒ Delete
NAME **WAYNE, KATHY**
STREET ADDRESS **2400 GULF SHORE BLVD, NORTH #605**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **PD** ☐ Delete
NAME **PECARO, BERNARD**
STREET ADDRESS **2390 GULF SHORE BLVD NORTH**
CITY-ST-ZIP **NAPLES FL 34103**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Change ☒ Addition
NAME **SWALLEN, JAY**
STREET ADDRESS **2349 GULF SHORE BLVD., N.**
CITY-ST-ZIP **NAPLES, FL., 34103**

TITLE **VD** ☐ Change ☒ Addition
NAME **WALPOLE, ROBERT**
STREET ADDRESS **2400 GULF SHORE BLVD., N. #605**
CITY-ST-ZIP **NAPLES, FL. 34103**

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

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

TITLE **D** ☐ Change ☒ Addition
NAME **EMERICK, VIRGINIA**
STREET ADDRESS **2400 GULF SHORE BLVD., N. #701**
CITY-ST-ZIP **NAPLES, FL. 34103**

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)(b), 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

Date

5/5/03 239-262-3051

Daytime Phone #

Bernard Pecaro President

CR2037 (10/02)