

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 739506**

1. Entity Name

CAXAMBAS TOWER CONDOMINIUM ASSOCIATION, INC.**FILED****May 19, 2000 8:00 am**
Secretary of State

05-19-2000 90822 001 ***735.00

Principal Place of Business

**1036 S COLLIER BLVD
MARCO ISLAND FL 34145
US**

Mailing Address

**PO BOX 363
MARCO ISLAND FL 34146-0363
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

59-1901000

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****SAFE HARBOR PROPERTY MANAGEMENT
233 N COLLIER BLVD
MARCO ISLAND FL 34145**

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 **T** ☒ Delete
NAME **SHERIDY, LESTER**
STREET ADDRESS **1036 S COLLIE BLVD**
CITY-ST-ZIP **MARCO ISLAND FL 34145**TITLE **D** ☐ Change ☒ Addition
NAME **Asdourian, Arthur**
STREET ADDRESS **1180 Hempstead Turnpike**
CITY-ST-ZIP **Uniondale, NY 11553**TITLE **SA** ☐ Delete
NAME **HULASCHAK, BARNEY**
STREET ADDRESS **1036 S COLLIER BLVD**
CITY-ST-ZIP **MARCO ISLAND FL 34145**TITLE **D** ☐ Change ☒ Addition
NAME **McCurdy, Sue**
STREET ADDRESS **1036 S. Collier Blvd., #204**
CITY-ST-ZIP **Marco Island, FL 34145**TITLE **P** ☐ Delete
NAME **DRAHEIM, JUDGE N**
STREET ADDRESS **P O BOX 424**
CITY-ST-ZIP **CLARION IA**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **STEAR, GLENN**
STREET ADDRESS **1036 S. COLLIER BLVD.**
CITY-ST-ZIP **MARCO ISLD FL 34145**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **HAUSE, CLYDE**
STREET ADDRESS **1086 S C**
CITY-ST-ZIP **1036 S. COLLIER
MARCO ISLAND FL**TITLE **TD** ☒ Change ☐ Addition
NAME **xxx**
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **THOMPSON, TED**
STREET ADDRESS **1038 S COLLIER BLVD, STE #301**
CITY-ST-ZIP **MARCO ISLAND FL 34145**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)