

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90050 008 ****61.25

DOCUMENT # 739506

1. Entity Name

CAXAMBAS TOWER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1036 S COLLIER BLVD
 MARCO ISLAND FL 34145
 US

Mailing Address

PO BOX 363
 MARCO ISLAND FL 34146
 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
 NAME **SA HALASCHAK, BARNEY** ☐ Delete
 STREET ADDRESS **1036 S COLLIER BLVD**
 CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE
 NAME **P BERNHARD HALASCHAK** ☒ Change ☐ Addition
 STREET ADDRESS **1036 S. COLLIER BLVD., #102**
 CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE
 NAME **P DRAHEIM, JUDGE N** ☐ Delete
 STREET ADDRESS **P O BOX 424**
 CITY-ST-ZIP **CLARION IA**

TITLE
 NAME **S** ☒ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **D STEARS, GLENN** ☐ Delete
 STREET ADDRESS **1036 S. COLLIER BLVD.**
 CITY-ST-ZIP **MARCO ISLD FL 34145**

TITLE
 NAME **VP SUE MC CURDY** ☐ Change ☒ Addition
 STREET ADDRESS **1036 S. COLLIER BLVD., #204**
 CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE
 NAME **TD HAUSE, CLYDE 1086 S C** ☒ Delete
 STREET ADDRESS **1036 S. COLLIER**
 CITY-ST-ZIP **MARCO ISLAND FL**

TITLE
 NAME **I JOHN HANNIGAN** ☐ Change ☒ Addition
 STREET ADDRESS **1036 CLOUD CREST DR.**
 CITY-ST-ZIP **GREENTOWN, PA 18426**

TITLE
 NAME **D THOMPSON, TED** ☒ Delete
 STREET ADDRESS **1038 S COLLIER BLVD, STE #301**
 CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE
 NAME **D AL RICE** ☐ Change ☒ Addition
 STREET ADDRESS **27180 MEADOWBROOK**
 CITY-ST-ZIP **REDFORD, MI 48239**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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

JEFFREY WILL

4/27/01

(941) 394-1101
 Daytime Phone #

CR2E037 (10/00)