

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90062 048 ****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



MOORE

CR2E037 (11/03)

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

**GREUSEL, JAMIE B
1104 NORTH COLLIER BLVD
MARCO ISLAND FL 34145**

7. Name and Address of New Registered Agent

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
Due By May 1, 2004**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HULASCHAK, BERNHARD
1036 S. COLLIER BLVD #102
MARCO ISLAND FL 34145.** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCCURDY, SUE
1036 S. COLLIER BLVD #204
MARCO ISLD FL 34145** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
HANNIGAN, JOHN
1036 CLOUD CREST DR
GREENTOWN PA 18426** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
RICE, AL
27180 MEADOWBROOK
REDFORD MI 48239** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ZINN, BUD
1427 MAPLE AVE, UNIT 7
PEWAUKEE WI 53072** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
Halaschak, Bernard** ☒ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
O'Connor, Joan
1036 S. Collier Blvd #402
Marco Island, FL 34145** ☐ Change ☒ Addition

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

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:

Bernard J. Halaschak

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-04