

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90340 014 ****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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Jamie B. Greusel

Street Address (P.O. Box Number is Not Acceptable)

1104 North Collier Blvd.

City

Marco Island

FL

Zip Code

34145

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

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

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

TITLE **Director** ☒ 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

**739 3943845
4/14/03**

CR2E037 (10/02)