

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90190 018 ****70.00

DOCUMENT # 743000

1. Entity Name

SANIBEL BEACH CLUB II ASSOCIATION, INC.



Principal Place of Business

**205 PERIWINKLE WAY
SANIBEL FL 33957
US**

Mailing Address

**205 PERIWINKLE WAY
SANIBEL FL 33957
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 **59-1972322**

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

**KENOYER, TONNA
2669 W. GULF DRIVE
SANIBEL FL 33957**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **FRENCH, RON M**
STREET ADDRESS **R.R. 2 BOBCAYGEON**
CITY-ST-ZIP **ONTARIO, CANADA K0M 1A0**

TITLE **D** ☐ Change ☒ Addition
NAME **YORK, EDWARD L**
STREET ADDRESS **8 GREENWOOD LANE**
CITY-ST-ZIP **ACTON, MA 01701**

TITLE **VPD** ☐ Delete
NAME **BRUNSON, JIMMIE**
STREET ADDRESS **1809 S.W. 91 STREET**
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE **D** ☐ Change ☒ Addition
NAME **CARBONNEAU, ROBERT P.**
STREET ADDRESS **8 MONROE ST. #302**
CITY-ST-ZIP **ROCKVILLE, MD 20850-2533**

TITLE **STD** ☐ Delete
NAME **BIRK, RONALD F**
STREET ADDRESS **3909 LITHEA RIDGE BLVD.**
CITY-ST-ZIP **VALRICO FL 33594-6401**

TITLE **D** ☒ Change ☐ Addition
NAME **FRENCH, RON M**
STREET ADDRESS **300 Franmor Dr.-Unit #6**
CITY-ST-ZIP **Peterborough, Ontario K9H 7R1**

TITLE **D** ☐ Delete
NAME **URKOVICH, RONALD S**
STREET ADDRESS **5690 PINE TREE DRIVE**
CITY-ST-ZIP **SANIBEL FL 33957**

TITLE **PD** ☒ Change ☐ Addition
NAME **BRUNSON, JIMMIE**
STREET ADDRESS **1809 S.W. 91 ST**
CITY-ST-ZIP **GAINESVILLE, FL 32607**

TITLE **D** ☐ Delete
NAME **PROMINSKI, HENRY J**
STREET ADDRESS **P.O. BOX 540**
CITY-ST-ZIP **WEIRSDALE FL 32195**

TITLE **VPD** ☒ Change ☐ Addition
NAME **URKOVICH, RONALD S**
STREET ADDRESS **5690 PINE TREE DR**
CITY-ST-ZIP **SANIBEL, FL 33957**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

Ronald S. Urkovich **4/10/03 39-472-4526**

CR2E037 (10/02)