

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90127 029 ****61.25

0076056

DOCUMENT # 743852

1. Entity Name

222 BEACH ROAD OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2198 PRINCETON ST
STE #20
SARASOTA FL 34237

2198 PRINCETON ST
STE #20
SARASOTA FL 34237

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

59-2054401

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

MA - CON INC
2198 PRINCETON ST STE #20
SARASOTA FL 34237

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 / PD ☐ Delete
NAME FANKHAUSER, PHILIP
STREET ADDRESS 222 BEACH RD #4
CITY-ST-ZIP SARASOTA FL 34242

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

TITLE / SD ☒ Delete
NAME FLEENER, CAROLA
STREET ADDRESS 222 BEACH ROAD #6
CITY-ST-ZIP SARASOTA FL 34242

TITLE ☐ Change ☒ Addition
NAME DORNON, KATHLEEN
STREET ADDRESS 222 BEACH ROAD #1
CITY-ST-ZIP SARASOTA, FL 34242

TITLE / D ☐ Delete
NAME BLAISING, STEPHEN
STREET ADDRESS 222 BEACH RD #5
CITY-ST-ZIP SARASOTA FL 34242

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

TITLE / TD ☐ Delete
NAME LIROFF, RICHARD
STREET ADDRESS 222 BEACH RD #9
CITY-ST-ZIP SARASOTA FL 34242

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME ALVIN KIRSNER
STREET ADDRESS 222 BEACH RD. # 1
CITY-ST-ZIP SARASOTA, FL 34242

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: *Kathleen Dornon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01

941-366-8480

Date

Daytime Phone #

CR2E037 (10/00)