

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745186

1. Entity Name

THE SUMMIT HOUSE CONDOMINIUM OF MARCO ISLAND, IN

FILED

Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90089 042 ****61.25

Principal Place of Business

280 SO COLLIER BLVD
MARCO ISLAND FL 34145
US

Mailing Address

280 SO COLLIER BLVD
MARCO ISLAND FL 33937
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

34145

Country

4. FEI Number

59-2374309

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROONEY, WILLIAM T
280 SOUTH COLLIER BLVD
UNIT 903
MARCO ISLAND FL 33937

7. Name and Address of New Registered Agent

Name

ROONEY, WILLIAM T

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

280 SOUTH COLLIER BLVD

City

Unit 1104

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.

SIGNATURE

William T. Rooney

(NOTE: Registered Agent signature required when reinstating)

3/23/01

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

TITLE VD
NAME EGIZIO, PHILLIP
STREET ADDRESS 280 S COLLIER BLVD #1906
CITY-ST-ZIP MARCO ISLAND FL 34145 ☐ Delete

TITLE PD
NAME ROONEY, WILLIAM T
STREET ADDRESS 280 SO COLLIER BLVD
CITY-ST-ZIP MARCO ISLAND FL ☐ Delete

TITLE TD
NAME GARRISON, MARY ALICE
STREET ADDRESS 280 SO COLLIER BLVD
CITY-ST-ZIP MARCO ISLAND FL ☐ Delete

TITLE SD
NAME RING, JOHN D
STREET ADDRESS 280 SO COLLIER BLVD
CITY-ST-ZIP MARCO ISLAND FL ☐ Delete

TITLE D
NAME EISEN, HARVEY
STREET ADDRESS 6432 BRESSLYN RD
CITY-ST-ZIP NASHVILLE TN 37205 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

William T. Rooney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/01

Date

941/394-9332

Daytime Phone #

CR2E037 (10/00)