

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747941

1. Entity Name

CLAM COURT MARINA APARTMENT ASSOCIATION, INC.

Principal Place of Business

1165 CLAM COURT #3
NAPLES FL 33962

Mailing Address

802 ANCHOR RODE DRIVE
NAPLES FL 34103-2739
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

59-1982190

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

HUDSON, DAVID J
802 ANCHOR RODE DRIVE
C/O ACCOUNTING & TAX ASSOC. OF NAPLES
NAPLES FL 33940

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 DP ☒ Delete
NAME TRAWEEK, JACK
STREET ADDRESS 425 HUEHL ROAD, BLDG. 22B
CITY-ST-ZIP NORTHBROOK IL

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

TITLE DVP ☒ Delete
NAME BURSAW, PATRICIA
STREET ADDRESS 135 BOW STREET, #9
CITY-ST-ZIP PORTSMOUTH NH

TITLE DP ☒ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME PRATT, WILLIAM R.
STREET ADDRESS 242 HIGHWAY 14
CITY-ST-ZIP NEWPORT AR 72112

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

TITLE DS ☐ Delete
NAME MYHRA, JULIE
STREET ADDRESS 1165 CLAM COURT, #3
CITY-ST-ZIP NAPLES FL

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

TITLE D ☐ Delete
NAME FITZGIBBON, JOHN
STREET ADDRESS 7709 W PARKSIDE DR
CITY-ST-ZIP BOARDMAN OH 44512

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME FRANKISER, MICHAEL
STREET ADDRESS 225 LEGEND DRIVE
CITY-ST-ZIP BRANSON, MO 65616

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90112 036 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)