

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749225

1. Entity Name

SANTA CLARA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

3312 NORTHSIDE DRIVE
KEY WEST FL 33040

Mailing Address

3312 NORTHSIDE DRIVE
KEY WEST FL 33040

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

59-1940755

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

SHER, ROBERT
3312 NORTHSIDE DR. (OFFICE)
KEY WEST FL 33040

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 NAME STREET ADDRESS CITY-ST-ZIP	VPD TADDEO, KAREN 3312 NORTHSIDE DR., #205 KEY WEST FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GOUGH, ROSS 3312 NORTHSIDE DR #416 KEY WEST FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILD, MARILYN 3312 NORTHSIDE DRIVE #607 KEY WEST FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAMEL, SIEGRID 1502 BERTHA ST. KEY WEST FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA ANITA 3312 NORTHSIDE DRIVE #716 KEY WEST FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRINGLESON, WILLIAM 3312 NORTHSIDE DRIVE 310 KEY WEST FL	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES WM. BRINGLESON 3312 NORTHSIDE DR #310 KEY WEST, FL 33040	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES GOUGH, ROSS 3312 NORTHSIDE DR #416 KEY WEST FL 33040	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLER, TOM 3312 NORTHSIDE DR #311 KEY WEST, FL 33040	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GELSIE JACOBELLIS 3312 NORTHSIDE DR #513 KEY WEST, FL 33040	☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Siegrid Hamel 4/3/01 305 296 0940

Date Daytime Phone #

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90088 016 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)