

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90074 038 ****61.25

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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

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

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
 NAME **JACOBELLIS, GELSIE**
 STREET ADDRESS **3312 NORTHSIDE DR #513**
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **VP** ☐ Delete
 NAME **GOUGH, ROSS**
 STREET ADDRESS **3312 NORTHSIDE DR #416**
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **S** ☐ Delete
 NAME **WILD, MARILYN**
 STREET ADDRESS **3312 NORTHSIDE DRIVE #607**
 CITY-ST-ZIP **KEY WEST FL**

TITLE **TD** ☐ Delete
 NAME **HAMEL, SIEGRID**
 STREET ADDRESS **1502 BERTHA ST.**
 CITY-ST-ZIP **KEY WEST FL**

TITLE **D** ☐ Delete
 NAME **GARCIA ANITA**
 STREET ADDRESS **3312 NORTHSIDE DRIVE #716**
 CITY-ST-ZIP **KEY WEST FL**

TITLE **P** ☐ Delete
 NAME **BRINGELSON, WILLIAM**
 STREET ADDRESS **3312 NORTHSIDE DRIVE 310**
 CITY-ST-ZIP **KEY WEST FL 33040**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
 NAME **TOM WELER**
 STREET ADDRESS **3312 NORTHSIDE DR #311**
 CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE **D** ☐ Change ☒ Addition
 NAME **C. ERIC SELBY**
 STREET ADDRESS **3312 NORTHSIDE DR #206**
 CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE **D** ☐ Change ☒ Addition
 NAME **DANILO CRESPO**
 STREET ADDRESS **1122 SEVENTEENTH TERR**
 CITY-ST-ZIP **KEY WEST, FL 33040**

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

TITLE ☐ Change ☐ Addition
 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*

3/28/02 305 296 0940

CR2E037 (9/01)