

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749797

1. Entity Name

SOMBRERO ISLE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8042 PORPOISE DR
MARATHON FL 33050

8042 PORPOISE DR
MARATHON FL 33050

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

59-2169217

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

PIERCE, CHARLOTTE S
8042 PORPOISE DRIVE
MARATHON FL 33050

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 DURKIN, CINDY
STREET ADDRESS 150 CALLE ENSUENO
CITY-ST-ZIP MARATHON FL 33050

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

TITLE VPD ☐ Delete
NAME FERVARO, BRUCE
STREET ADDRESS 119 CALLE ENSUENO
CITY-ST-ZIP MARATHON FL 33050

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

TITLE STD ☐ Delete
NAME GREEN, JOSH
STREET ADDRESS 89 CALLE ENSUENO
CITY-ST-ZIP MARATHON FL 33050

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

TITLE D ☐ Delete
NAME RUMMERY, KATHRYN
STREET ADDRESS 103 CALLE ENSUENO
CITY-ST-ZIP MARATHON FL 33050

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

TITLE D ☐ Delete
NAME NELSON, DAVE
STREET ADDRESS 85 CALLE ENSUENO
CITY-ST-ZIP MARATHON FL 33050

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.11.02

305.743.4892



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)