

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90032 035 ****61.25

DOCUMENT # 752792

1. Entity Name

CANARY PALM CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4704 S E 6TH AVENUE
SUITE E-5
CAPE CORAL FL 33904
US

Mailing Address

3523 DEL PRADO BLVD.
CAPE CORAL FL 33904
US

2. Principal Place of Business

3. Mailing Address

1516 SE. 14TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8

City & State

CAPE CORAL, FL.

4. FEI Number

59-2236170

Applied For

Not Applicable

Zip

Country

Zip
33990Country
LEE5. 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

Name

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

1516 SE. 14TH ST. #8

City

CAPE CORAL

FL

Zip Code

33990

ELLISON, WILLIAM J.

3523 DEL PRADO BLVD
CAPE CORAL, FL
CAPE CORAL FL 33904

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 \$61.259. 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
PD
RINKO, ROBERT
4704 SE 6TH AVE #A-1
CAPE CORAL FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MILICAN, KAREN
4704 SE 6TH AVE #D-4
CAPE CORAL FL ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
ELLISON, MARGARET
4704 SE 6TH AVE #E-5
CAPE CORAL FL 33904 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
WILLIAM J. ELLISON
1910 SE. 29TH LANE
CAPE CORAL, FL. 33904 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
MARGARET ELLISON
1910 SE 29TH LANE
CAPE CORAL, FL. 33904 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
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

Date

Daytime Phone #

CR2E037 (10/00)