

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754530

1. Entity Name

'TIGUA CAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1200 PERIWINKLE WAY STE 2
SANIBEL FL 33957
US

Mailing Address

1200 PERIWINKLE WAY STE 2
SANIBEL FL 33957-4704
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

STILPHEN, PETER
1200 PERIWINKLE WAY
SANIBEL FL 33957

7. Name and Address of New Registered Agent

Name

Carol Pappas

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

Heritage Association Management, Inc.

1200 Periwinkle Way, Suite 2

City

Sanibel

FL

Zip Code

33957

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 ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
CHIARO, JOHN
3532 OAK HILL LANE
LONG GROVE IL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
KING, RAYMOND
487 E GULF DR
SANIBEL FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MAYER, FRANK
485 EAST GULF DRIVE
SANIBEL FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
JONES, BECKY
483 E. GULF DRIVE
SANIBEL FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
NORTON, GEORGE
489 EAST GULF DR
SANIBEL FL 33957

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 and typed or printed name of signing officer or director

Date

Daytime Phone

FILED
Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90017 004 ****61.25



DO NOT WRITE IN THIS SPACE

CR2F037 (9/99)