

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756356

1. Entity Name

THE CAPER BEACH CLUB CONDOMINIUM ASSOCIATION, IN

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90007 017 ****61.25

Principal Place of Business

2810 ESTERO BLVD.
FT MYERS BEACH FL 33931

Mailing Address

2810 ESTERO BLVD.
FT MYERS BEACH FL 33931-3536

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2158655

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SHONAK, JOHN
2810 ESTERO BLVD #213
FT. MYES BCH FL 33931

Name JANIS A. DEGNAN

Street Address (P.O. Box Number is Not Acceptable)
250 NATURE VIEW CT.

City Ft. MYERS BEACH FL Zip Code 33931

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

Janis A. Degnan
Signature typed or printed name of registered agent and title if applicable.

JANIS A. DEGNAN

6/28/00

(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	D	☐ Delete
NAME	COX, DONALD	
STREET ADDRESS	5139 EMERALD DRIVE	
CITY-ST-ZIP	MOUND MN	
TITLE	VP	☐ Delete
NAME	GRANDONICO, PETER	
STREET ADDRESS	25 N PLEASANT DR	
CITY-ST-ZIP	AMHERST MA 01002	
TITLE	P	☐ Delete
NAME	MACHNO, FRAN M	
STREET ADDRESS	2800 ESTERO BLVD #501	
CITY-ST-ZIP	FT. MYERS BEACH FL	
TITLE	S	☐ Delete
NAME	HINTZ, JUDY	
STREET ADDRESS	2800 ESTERO BLVD	
CITY-ST-ZIP	FT MYERS BEACH FL	
TITLE	T	☐ Delete
NAME	GOOD, HARRISON	
STREET ADDRESS	2800 ESTERO BLVD 201	
CITY-ST-ZIP	FT MYERS BCH FL	
TITLE	D	☐ Delete
NAME	DUVAL, PAUL	
STREET ADDRESS	241 VIOLET DR	
CITY-ST-ZIP	SANIBEL FL 33957	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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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: *Paul D. Duval*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/28/00 941-463-1423
Date Daytime Phone #

CR2E037 (9/99)