

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90320 014 ****61.25

DOCUMENT # 756488

1. Entity Name

ISLAND BREEZE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

61 ESTERO BLVD. #8
 FORT MYERS BEACH FL 33931

6151 ESTERO BLVD. #8
 FORT MYERS BEACH FL 33931
 US

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

59-2664322

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

SHIELDS, CHRISTOPHER J
1833 HENDRY STREET
FORT MYERS FL 33901

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 ☒ Delete
 NAME **VSTD**
 STREET ADDRESS **VANDENBENT, GERRIT**
 CITY-ST-ZIP **6151 ESTERO BLVD. #3**
FORT MYERS BEACH FL 33931

TITLE ☐ Change ☒ Addition
 NAME **TD**
 STREET ADDRESS **ROBERT PIEKART**
 CITY-ST-ZIP **325 6TH STREET NE**
NAPLES FLORIDA 34120

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **MCCARTHY, PATRICK**
 CITY-ST-ZIP **6151 ESTERO BLVD., #7**
FORT MYERS BEACH FL 33931

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

TITLE ☒ Delete
 NAME **TD**
 STREET ADDRESS **KEENAN, JOHN**
 CITY-ST-ZIP **6151 ESTERO BLVD., #8**
FORT MYERS BEACH FL 33931

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **BAIRD, RON**
 CITY-ST-ZIP **55 DELAWARE AVENUE**
REHOBOTH BEACH DELAWARE 19971

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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 life empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/02 463 1005

CR2E037 (9/01)