

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2003 8:00 am
Secretary of State

07-31-2003 90067 049 *****61.25

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DOCUMENT # 756488

1. Entity Name

ISLAND BREEZE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

6151 ESTERO BLVD

Suite, Apt. #, etc.

APT 2

ROBERT PIEKART

PO BOX 990698

NAPLES FL 34116

☒ CHECK HERE IF MAKING CHANGES

City & State

FT MYERS BEACH FL

4. FEI Number **59-2664322**

Applied For

Not Applicable

Zip

33931

Country

LEE

Zip

Country

COLLIER

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. I am familiar with, and accept the obligations of registered agent.

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

-After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete
NAME **PIEKART, ROBERT**
STREET ADDRESS **325 SIXTH STREET NE**
CITY-ST-ZIP **NAPLES FL 34120**

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **ROBERT PIEKART**
STREET ADDRESS **629 SQUIRE CT**
CITY-ST-ZIP **NAPLES FL 34104**

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

TITLE **JOE SANTORO** ☒ Change ☐ Addition
NAME **JOE SANTORO**
STREET ADDRESS **11342 GROVEWOOD BLVD**
CITY-ST-ZIP **LAND O LAKES FL 34619** **(PRESIDENT)**

TITLE **D** ☐ Delete
NAME **RON, BLAIR D**
STREET ADDRESS **55 DELAWARE AVENUE**
CITY-ST-ZIP **REHOBOTH BEACH DE 19971**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED *Robert Piekart*

7/22/03 239-734-9997

CR2E037 (4/03)