2001 UNIFORM BUSINESS REPORT (UBR)

Mar 07, 2001 8:00 am **DOCUMENT # 756663** Secretary of State 03-07-2001 90169 001 *****8.75 CALINI BEACH CLUB ASSOCIATION, INC. 03-07-2001 90169 002 ****61.25 Principal Place of Business Mailing Address 1030 SEASIDE DRIVE 1030 SEASIDE DRIVE 20010 SARASOTA FL 34242 SARASOTA FL 34242 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 59-2196002 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 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) CUNNINGHAM, SHARON F. 1030 SEASIDE DRIVE SARASOTA FL 34242 Zip Code City 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: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Addition TITLE Delete TITLE ☐ Change CUMMINS, WILLIAM A. NAME NAME 807 BLACK DUCK RUN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PT. ORANGE FL CITY-ST-ZIP TD TITLE ☐ Delete TITLE ☐ Change Addition HARN SR., JOSEPH L. NAME NAME .7351_PERIWINKLE_DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL TITLE ☐ Delete TITLE ☐ Change Addition BRADSHAW, DONALD NAME NAME 203 HIGH POINT DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **VENICE FL** ☐ Change ☐ Addition TITLE Delete TITLE SCHOMAKER, JUDY . NAME NAME 7544 CALLE FACIL STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SARASOTA FL Addition TITLE Delete TITLE Change HODALSKI, FRANK NAME NAME 4323 MEADOWLAND CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL

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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

☐ Delete

Addition

Change

FILED