

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90114 001 ****61.25
 02-18-2002 90114 002 *****8.75

DOCUMENT # 756663

1. Entity Name

CALINI BEACH CLUB ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1030 SEASIDE DRIVE
 SARASOTA FL 34242**

**1030 SEASIDE DRIVE
 SARASOTA FL 34242**

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

59-2196002

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

**CUNNINGHAM, SHARON F.
 1030 SEASIDE DRIVE
 SARASOTA FL 34242**

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	PD	☐ Delete
NAME	CUMMINS, WILLIAM A.	
STREET ADDRESS	807 BLACK DUCK RUN	
CITY-ST-ZIP	PT. ORANGE FL	
TITLE	TD	☐ Delete
NAME	HARN SR., JOSEPH L.	
STREET ADDRESS	7351 PERIWINKLE DR.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	☒ Delete
NAME	BRADSHAW, DONALD	
STREET ADDRESS	203 HIGH POINT DRIVE	
CITY-ST-ZIP	VENICE FL	
TITLE	SD	☐ Delete
NAME	SCHOMAKER, JUDY	
STREET ADDRESS	7544 CALLE FACIL	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	☐ Delete
NAME	HODALSKI, FRANK	
STREET ADDRESS	4323 MEADOWLAND CIRCLE	
CITY-ST-ZIP	SARASOTA FL	
TITLE		☐ Delete
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	VD	☒ Change ☐ Addition
NAME	Raphel Broth	
STREET ADDRESS	5074 Hanging Moss Ln.	
CITY-ST-ZIP	Sarasota, FL 34238	
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:

William A. Cummins
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-02 941-349-2500

CR2E037 (9/01)