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

FILED
Feb 07, 2003 8:00 am
Secretary of State
02-07-2003 90053 002 ****70.00

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

☐ CHECK HERE IF MAKING CHANGES

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. 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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CUMMINS, WILLIAM A. 807 BLACK DUCK RUN PT. ORANGE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition 32127
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HARN SR., JOSEPH L. ~~7351 PERIWINKLE DR.~~ ~~SARASOTA FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☒ Addition TD Harn Sr., Joseph L. 414 Murillo Dr. Nokomis, FL 34275
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ BROTH, RAPHEL 5074 HANGING MOSS LN SARASOTA FL 34238	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCHOMAKER, JUDY ~~7544 CALLE FACIL~~ ~~SARASOTA FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition SD Judy Schomaker 6124 Hollywood Blvd. Sarasota, FL 34231
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HODALSKI, FRANK ~~4323 MEADOWLAND CIRCLE~~ ~~SARASOTA FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition VD Frank Hodalski 4164 Centergate Blvd. Sarasota, FL 34233
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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 REQUIRED 1-27-03 941-349-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #