

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90131 001 ****61.25

0009286

DOCUMENT # 757634

1. Entity Name

THE BOARDWALK CAPER CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

Mailing Address

6371 ARC WAY
STE 2
FT. MYERS BEACH FL 33912
US

6371 ARC WAY
STE 2
FT. MYERS BEACH FL 33912
US

00042300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2238401

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WORKMAN, DAVID J.
6371-2 ARC WAY
FT. MYERS BEACH FL 33912

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 **TD** ☐ Delete
NAME **FINAN, M**
STREET ADDRESS **18000 SAN CARLOS BLVD 3**
CITY-ST-ZIP **FT MYERS BEACH FL 33931**

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

TITLE **D** ☐ Delete
NAME **OLINGER, KAY**
STREET ADDRESS **18008 SAN CARLOS BLVD #23**
CITY-ST-ZIP **FT. MYERS BEACH FL**

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

TITLE **VD** ☐ Delete
NAME **WALSH, WILLIAM**
STREET ADDRESS **18006 SAN CARLOS BLVD #15**
CITY-ST-ZIP **FT MYERS BCH FL**

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

TITLE **D** ☐ Delete
NAME **NILL, CHRISTIAN**
STREET ADDRESS **18016 SAN CARLOS BLVD #48**
CITY-ST-ZIP **FT MYERS BCH FL 33931**

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

TITLE **PD** ☐ Delete
NAME **GREEN, D**
STREET ADDRESS **18004 SAN CARLOS BLVD 16**
CITY-ST-ZIP **FT. MYERS BEACH FL 33931**

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

TITLE **SD** ☐ Delete
NAME **SIEGEL, NANCY**
STREET ADDRESS **18004 SAN CARLOS BLVD #14**
CITY-ST-ZIP **FT MYERS BEACH FL 33931**

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-01

Date

Daytime Phone #

CR2E037 (10/00)