

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2000 8:00 am**  
**Secretary of State**

03-25-2000 90002 023 \*\*\*\*61.25

**DOCUMENT # 757958**

1. Entity Name

**THE STRATFORD AT PELICAN BAY CONDOMINIUM ASSOCIA**

Principal Place of Business

Mailing Address

5601 TURTLE BAY DRIVE  
 SUITE 100  
 NAPLES FL 33963

5601 TURTLE BAY DRIVE  
 SUITE 100  
 NAPLES FL 34106-2791

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2300102**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HACK, DAVID**  
**5601 TURTLE BAY DR #100**  
**NAPLES FL 34108**

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COUNSELMAN, CHARLES D.</b> <b>5601 TURTLE BAY DR</b> <b>NAPLES FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GILMAN, LEIGHTON</b> <b>5601 TURTLE BAY DR.</b> <b>NAPLES, FL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FERGUSON, WILLIAM R.</b> <b>5601 TURTLE BAY DR</b> <b>NAPLES FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>POWERS, JAMES</b> <b>5601 TURTLE BAY DR.</b> <b>NAPLES, FL.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THORNER, GERALD C.</b> <b>5601 TURTLE BAY DRIVE</b> <b>NAPLES FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ADAMS, JOHN</b> <b>5601 TURTLE BAY DR.</b> <b>NAPLES, FL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>POWERS, CHARMAINE</b> <b>5801 TURTLE BAY DR</b> <b>NAPLES FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BALLABAN, CAROLYN</b> <b>5601 TURTLE BAY DR.</b> <b>NAPLES, FL.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HACK, DAVID</b> <b>5601 TURTLE BAY DRIVE</b> <b>NAPLES FL 34108</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STEINBUCH, ANDREW</b> <b>5601 TURTLE BAY DR.</b> <b>NAPLES FL.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LAWLER, EUGENE P</b> <b>5601 TURTLE BAY DR</b> <b>NAPLES FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* **RESIGNED. HACK PRES.**

**3/17/2000 9A 597 350**

Date

Daytime Phone #

CR2E037 (9/99)