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

## DOCUMENT # 757958

1. Entity Name

## THE STRATEGER AT RELICAN RAY CONDOMINIUM ASSOCIA



## **FILED** Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90232 010 \*\*\*\*61.25

TION, INC				<del>7</del>		
Principal Place of Business 5601 TURTLE BAY DR. MAIN OFFICE NAPLES FL 34108-2746		Mailing Address 5601 TURTLE BAY DR. MAIN OFFICE NAPLES FL 34108-2746		10045691		
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
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	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Register	red Agent =	
			Name HANS	Name HANSEN, Claire		
STEINHUBL, ANDREW 5601 TURTLE BAY DR			Street Address	Street Address (P.O. Box Number is Not Acceptable) 5601 Turtle Bay Dr.		
SUITE 1104 NAPLES FL 34108				Unit #2001		
IVU LLO	. 2 37.00		City Napl	98	FL Zip Code 34 108	
The above named entity submits this statement for the purpose of changing its registered on the obligations of registered agent.				tered agent, or both, in the State of Florida. I		
ine obliga	tions of registered agent.	. 1				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature require	red when reinstating)	8 - 03 ATE	
<b>1</b> ,	1					
FILE NOW: FEE IS \$61.25  9. Election Campaign F			, , , , , , , , , , , , , , , , , , , ,		neck Payable to	
		Trust Fund Co	ontribution.	Added to Fees Florida De	partment of State	
10.	OFFICERS AND DI	BECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTORS IN 10	
TITLE	ID	Delete	7171.5	ABBITIONO/OFFARIOLS TO OFFICE HOME	Change Addition	
NAME	OGDEN, WILLIAM	- Doctor	NAME D	DEN William	*	
STREET ADDRESS	5601 TURTLE BAY DR # 2204			DEN, William Ol Turtle Bay Dr. #	901	
CITY-ST-ZIP	NAPLES FL 34108			ples FL 34108		
TITLE	VPD	☐ Delete	TITLE	.pres rb 54100		
NAME	POWERS, JAMES		NAME D	•		
STREET ADDRESS	5601 TURTLE BAY DR., #2204			OWERS, James	"	
CITY-ST-ZIP	NAPLES FL 34108	Delete		Naples FL 34:10	8 Change Addition	
TITLE NAME	ADAMS, JOHN	Delete	NAME PD	LNATIOS EL 14 IVI		
STREET ADDRESS	1			NCEN Claire	S Change Lig Addition	
JIMEET ADDITEGO	5601 TURTLE BAY DR., #604		IIA	NSEN, Claire		
CITY-ST-ZIP	5601 TURTLE BAY DR., #604   NAPLES FL 34108		STREET ADDRESS 56	NSEN, Claire		
	NAPLES FL 34108	☐ Delete	STREET ADDRESS 56	NSEN, Claire		
CITY-ST-ZIP TITLE NAME	NAPLES FL 34108 S THORNER, FRITZI	Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME	NSEN, Claire	2001	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	NAPLES FL 34108 S THORNER, FRITZI 5601 TURTLE BAY DR., #504	☐ Delete	STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	NSEN, Claire	2001	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CHY-ST-ZIP	NAPLES FL 34108 S THORNER, FRITZI 5601 TURTLE BAY DR., #504 NAPLES FL 34108		STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NSEN, Claire	2001 Change Addition	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CHY-ST-ZIP  TITLE	NAPLES FL 34108 S THORNER, FRITZI 5601 TURTLE BAY DR., #504 NAPLES FL 34108 PD	□ Delete  ☑ Delete	STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE  T D	NSEN, Claire Ol Turtle Bay Dr. # ples KL 34108	2001	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	NAPLES FL 34108 S THORNER, FRITZI 5601 TURTLE BAY DR., #504 NAPLES FL 34108 PD STEINHUBL, ANDREW		STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME FIN	NSEN, Claire Ol Turtle Bay Dr. # ples RL 34108  NERTY, James	Change Addition	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	NAPLES FL 34108 S THORNER, FRITZI 5601 TURTLE BAY DR., #504 NAPLES FL 34108 PD STEINHUBL, ANDREW 5601 TURTLE BAY DR., #1104		STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE T D NAME STREET ADDRESS 5 6 0	NSEN, Claire OI Turtle Bay Dr. # ples RL 34108  NERTY, James I Turtle Bay Dr. #1	Change Addition	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	NAPLES FL 34108 S THORNER, FRITZI 5601 TURTLE BAY DR., #504 NAPLES FL 34108 PD STEINHUBL, ANDREW	🔀 Delete	STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE T D NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NA P	NSEN, Claire Ol Turtle Bay Dr. # ples RL 34108  NERTY, James	Change Addition	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	NAPLES FL 34108 S THORNER, FRITZI 5601 TURTLE BAY DR., #504 NAPLES FL 34108 PD STEINHUBL, ANDREW 5601 TURTLE BAY DR., #1104 NAPLES FL 34108 D HARRY, PORTER T		STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE T D NAME STREET ADDRESS CITY-ST-ZIP  TITLE T D NAME STREET ADDRESS CITY-ST-ZIP  TITLE D	NSEN, Claire Ol Turtle Bay Dr. # ples RL 34108  NERTY, James I Turtle Bay Dr. #1 les FL 34108	Change Addition  Change X Addition	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	NAPLES FL 34108 S THORNER, FRITZI 5601 TURTLE BAY DR., #504 NAPLES FL 34108 PD STEINHUBL, ANDREW 5601 TURTLE BAY DR., #1104 NAPLES FL 34108 D	🔀 Delete	STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE T D NAME STREET ADDRESS CITY-ST-ZIP  TITLE D NAME STREET ADDRESS CITY-ST-ZIP  TITLE D NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS K N	NSEN, Claire OI Turtle Bay Dr. # ples RL 34108  NERTY, James I Turtle Bay Dr. #1	2001 Change Addition Change Addition 704 Change 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. Claure V. HANSEN

SIGNATURE: X