

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90069 021 ****61.25

DOCUMENT # 759922

1. Entity Name

COLLIER COUNTY EDUCATION ASSOCIATION CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2520 DAVIS BLVD
 NAPLES FL 34101

Mailing Address

4651 WEST BLVD
 NAPLES FL 33940

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

59-2321430

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

CHANCY, MELLA
 2520 A DAVIS BLVD
 NAPLES FL 34104

Name

NORMAN TAYLOR

Street Address (P.O. Box Number is Not Acceptable)

4651 WEST BLVD.

City

NAPLES

FL

Zip Code

34103

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

Norman Taylor TO, NORMAN TAYLOR

1-10-2002

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	<input checked="" type="checkbox"/> Delete
NAME	CHANCY, NELLA	
STREET ADDRESS	2520-A DAVIS BLVD	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, NORMAN	
STREET ADDRESS	4651 WEST BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, JOANNE	
STREET ADDRESS	4651 WEST BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMAN TAYLOR	
STREET ADDRESS	4651 WEST BLVD.	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON BUNOY	
STREET ADDRESS	2520B DAVIS BLVD.	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAVIER CASTANO	
STREET ADDRESS	8235 WILSHIRE LAKES BLVD.	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Norman Taylor TO, NORMAN TAYLOR

Date

Daytime Phone #

1-10-2002 (941)261-5026

CR2E037 (9/01)