

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

FILED
Apr 03, 2003 8:00 am
Secretary of State

03-17-2003 90479 035 ****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

8235 WILSHIRE LAKES BLVD

3. Mailing Address

8235 WILSHIRE LAKES BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number **59-2321430**

Applied For

Not Applicable

Zip

34109

Country

Zip

34109

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

**TAYLOR, NORMAN
4651 WEST BLVD
NAPLES FL 34103**

Name **CASTANO, JAVIER**

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

8235 WILSHIRE LAKES BLVD

City **NAPLES**

FL

Zip Code **34109**

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 is 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

TITLE **TD** ☒ Delete
NAME **TAYLOR, NORMAN**
STREET ADDRESS **4651 WEST BLVD**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **VD** ☐ Delete
NAME **BUNDY, HARRISON**
STREET ADDRESS **2520B DAVIS BLVD**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE **PD** ☐ Delete
NAME **CASTANO, JAVIER**
STREET ADDRESS **8235 WILSHIRE LAKES BLVD**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **STD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PO** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TRUSTEE** ☐ Change ☒ Addition
NAME **Sherry L. Castano**
STREET ADDRESS **8235 WILSHIRE LAKES BLVD**
CITY-ST-ZIP **NAPLES, FL 34109**

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)