

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State
03-14-2002 90067 006 ****61.25

DOCUMENT # 761814

1. Entity Name

BOCA CIEGA MANOR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**187 FOREST LAKES BLVD.
NAPLES FL 34105**

Mailing Address

**187 FOREST LAKES BLVD.
NAPLES FL 34105**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2168247

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRACEY, ROBERT T.
187 FOREST LAKES BLVD.
NAPLES FL 33942**

7. Name and Address of New Registered Agent

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

TITLE **PD** ☒ Delete
NAME **SPADACCINI, MARILYN**
STREET ADDRESS **2045 PINE ISLE LANE**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE **VPD** ☒ Delete
NAME **JOHNSTONE, JANE**
STREET ADDRESS **2048 PINE ISLE LANE**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE **DI** ☐ Delete
NAME **CISZEWSKI, FRANCES**
STREET ADDRESS **3718 KENT DRIVE**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE **AS** ☐ Delete
NAME **GRACEY, ROBERT T.**
STREET ADDRESS **187 FOREST LAKES BLVD.**
CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☒ Delete
NAME **CAPELUCK, HENRY**
STREET ADDRESS **2052 PINE ISLE LANE**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE **D** ☒ Delete
NAME **GRAHAM, RONALD**
STREET ADDRESS **2065 PINE ISLE LANE**
CITY-ST-ZIP **NAPLES FL 34112**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Benoit, Jane**
STREET ADDRESS **2064 Pine Isle Lane**
CITY-ST-ZIP **Naples, FL 34112**

TITLE **S** ☐ Change ☒ Addition
NAME **Martin, Jenny**
STREET ADDRESS **2026 Pine Isle Lane**
CITY-ST-ZIP **Naples, FL 34112**

TITLE **P/P** ☒ Change ☐ Addition
NAME **Ciszewski, Frances**
STREET ADDRESS **3718 Kent Drive**
CITY-ST-ZIP **Naples, FL 34112**

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

TITLE **D** ☐ Change ☒ Addition
NAME **Sylvia, Leonard**
STREET ADDRESS **2021 Pine Isle Lane**
CITY-ST-ZIP **Naples, FL 34112**

TITLE **VP** ☒ Change ☐ Addition
NAME **Graham, Ronald**
STREET ADDRESS **2065 Pine Isle Lane**
CITY-ST-ZIP **Naples, FL 34112**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-02

Date

Daytime Phone #

CR2E037 (9/01)