

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

02-18-2002 90177 004 ****61.25

DOCUMENT # 762728

1. Entity Name

DAV-MAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**214 CALLE MIRA MAR
 SARASOTA FL 34234-3320**

Mailing Address

**PO BOX 10714
 BRADENTON FL 34282
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2226475**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MARONE

**HARONE, ROBERT
 570 57TH AVE WEST # 107
 BRADENTON FL 34207**

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**PD
 ORTNER, VIVIAN J
 214 CALLE MIRA MAR #4
 SARASOTA FL 34242**

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**D
 SCHACKOW, SAM
 2355 MCCLELLAN PKWY
 SARASOTA FL**

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**AS
 MARONE, ROBERT
 570 57TH AVE W, #107
 BRADENTON FL 34282**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**SD
 KOHREISER, STEVE
 15113 RANGA RD
 WAPAKONETA OH 45895**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**STD
 Alla Kohreisier
 214 Calle Miramar #1
 Sarasota FL 34239**

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**PD
 James Moynihan
 8857 Mistycreek Drive
 Sarasota FL 34241**

☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**D
 Susan Moynihan
 8857 Mistycreek Dr.
 Sarasota FL 34241**

☐ 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.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/02 941-756-0401

CR2E037 (9/01)