

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

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90454 001 \*\*\*\*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**

**10070330**



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 **59-2226475**

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

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

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	AS	<input type="checkbox"/> Delete
NAME	MARONE, ROBERT	
STREET ADDRESS	570 57TH AVE W, #107	
CITY-ST-ZIP	BRADENTON FL 34282	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KOHLRIESER, ALLA	
STREET ADDRESS	214 CALLE MIRARMAR #1	
CITY-ST-ZIP	SARASOTA FL-34238	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MOYNIBAN, JAMES	
STREET ADDRESS	8857 MISTYCREEK DRIVE	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOYNIHAN, SUSAN	
STREET ADDRESS	8857 MISTYCREEK DR	
CITY-ST-ZIP	SARASOTA FL 34241	
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"/> Change <input type="checkbox"/> Addition
NAME		
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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: *[Signature]*

**4/15/03 941-756-0401**

CR2E037 (10/02)