

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2002 8:00 am  
Secretary of State

04-23-2002 90402 041 \*\*\*\*61.25

DOCUMENT # 765891

1. Entity Name

BLUE DOLPHIN ESTATES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2110 WEST DOLPHIN DR  
EANGLEWOOD FL 34223  
US

2110 WEST DOLPHIN DR  
EANGLEWOOD FL 34223  
US

845009

2. Principal Place of Business

2020 East Dolphin Dr  
Suite, Apt. #, etc.

3. Mailing Address

2020 East Dolphin Drive  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Englewood

City & State

Englewood

4. FEI Number

59-2369612

Applied For

Not Applicable

Zip

Country

FI

US

Zip

Country

FI

US

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

KINNECAM, ANDREW S  
2110 WEST DOLPHIN DR  
ENGLEWOOD FL 34223

Name

Fuenst, Richard A

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

2020 East Dolphin Drive

Englewood

City

FL

Zip Code

34223

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

4-8-2002

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	PD	<input checked="" type="checkbox"/> Delete
NAME	KINNECAM, ANDREW S	
STREET ADDRESS	2110 WEST DOLPHIN DR	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BASSETTI, KEVIN	
STREET ADDRESS	2140 WEST DOLPHIN DR	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	HOYT, RICHARD B	
STREET ADDRESS	2005 EAST DOLPHIN DR	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	T	<input type="checkbox"/> Delete
NAME	ABBOTT, CHARLES	
STREET ADDRESS	2070 E. DOLPHIN DR.	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fuenst, Richard A	
STREET ADDRESS	2020 East Dolphin Drive	
CITY-ST-ZIP	Englewood, FL 34223	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PauFue, Eldred H	
STREET ADDRESS	2096 Dolphin Drive	
CITY-ST-ZIP	Englewood, FL 34223	
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		
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:

Richard A. Fuenst

4-8-2002

941-473-7415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)