

2000 UNIFORM BUSINESS REPORT (UBR)

2/1/00-90125-046-\$61.25-\$61.25

DOCUMENT # 766856

1. Entity Name

MAR LOU APARTMENTS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4628 TAMiami TRAIL E.
NAPLES FL 34112
US

Mailing Address

% CONDOMINIUM MANAGERS
4628 TAMiami TRAIL EAST
NAPLES FL 34112-6726

2. Principal Place of Business

12795 Maiden Lane

3. Mailing Address

Same

Suite, Apt. #, etc.

Bonita Springs FL

Suite, Apt. #, etc.

City & State

34135

Zip

Country

Zip

Country

4. FEI Number

59-3586650

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

Name

Same

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

City

FL

Zip Code

ROBBINS, GRANT
4628 TAMiami TRAIL EAST
NAPLES FL 34112

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME SCHROEDER, WILLIAM
STREET ADDRESS 4482 3RD AVENUE N.W.
CITY-ST-ZIP NAPLES FL 34105 ☒ Delete

TITLE PD
NAME Denise Kornylak
STREET ADDRESS 12795 Maiden Lane
CITY-ST-ZIP BS 34135 ☒ Change ☐ Addition

TITLE VD
NAME HENDERSON, SCOTT
STREET ADDRESS 225 PINEHURST CIRCLE
CITY-ST-ZIP NAPLES FL 34113 ☒ Delete

TITLE VP
NAME William Kornylak
STREET ADDRESS 12795 Maiden Lane
CITY-ST-ZIP BS 34135 ☒ Change ☐ Addition

TITLE STD
NAME VAUGHN, ESTELLE
STREET ADDRESS 716 CHALEMAGNE BLVD.
CITY-ST-ZIP NAPLES FL 34112 ☒ Delete

TITLE STD
NAME Bruce Hepner
STREET ADDRESS 12795 Maiden Lane
CITY-ST-ZIP BS 34135 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-00

Date

Daytime Phone #

941.777 4777

FILED

00 MAR 27 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B0011655



DO NOT WRITE IN THIS SPACE

59-3586650