

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766856

1. Entity Name

MAR LOU APARTMENTS CONDOMINIUM ASSOCIATION, INC.

FILED

Mar 13, 2001 8:00 am  
Secretary of State

03-13-2001 90076 013 \*\*\*\*61.25

Principal Place of Business

C/O HENRY HOLZKAMPER  
12795 MAIDEN LANE  
BONITA SPRINGS FL 34135  
US

Mailing Address

C/O HENRY HOLZKAMPER  
12795 MAIDEN LANE  
BONITA SPRINGS FL 34135  
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

59-3586650

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROBBINS, GRANT  
4628 TAMiami TRAIL EAST  
NAPLES FL 34112

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

34135

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	<input type="checkbox"/> Delete
NAME	KORNYLAK, DENISE	
STREET ADDRESS	12795 MAIDEN LANE	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KORNYLAK, WILLIAM	
STREET ADDRESS	12795 MAIDEN LANE	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HEPNER, BRUCE	
STREET ADDRESS	12795 MAIDEN LANE	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

729661



DO NOT WRITE IN THIS SPACE

2-20-01

CR2E037 (10/00)

2-20-01 777 4777