

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 767586**

1. Entity Name

ANGLER'S PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**870 BALD EAGLE DR
MARCO ISLAND FL 33937**

Mailing Address

**C/O W.D. KRAMER
1838 40TH TERRACE SW
NAPLES FL 34116
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

65-0378898

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**KRAMER, WILLIAM D PA
1838 40TH TERRACE SW
NAPLES FL 34116**

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 \$61.259. 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	GAGLIANO, ANTHONY	
STREET ADDRESS	1359 W YORKSHIRE DR #200	
CITY-ST-ZIP	STREAMWOOD IL 60107	

TITLE	VD	<input type="checkbox"/> Delete
NAME	GAGLIANO, CARMELA	
STREET ADDRESS	1359 W YORKSHIRE DR #200	
CITY-ST-ZIP	STREAMWOOD IL 60107	

TITLE	STD	<input type="checkbox"/> Delete
NAME	GAGLIANO, PETER	
STREET ADDRESS	1359 W YORKSHIRE DR #200	
CITY-ST-ZIP	STREAMWOOD IL 60107	

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		

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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

PETER GAGLIANO**2-8-02**

Date

Daytime Phone #

630-213-6510

DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)