

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90011 004 ****61.25

DOCUMENT # 768428

1. Entity Name

PROMENADE CONDOMINIUM OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1211 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228**

**1211 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1069500

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FASSLER, JOHN A., DR.
1211 GULF OF MEXICO DRIVE UNIT #208
LONGBOAT KEY FL 34228**

Name

Robert H. Auerbach

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

1211 Gulf of Mexico Dr.

Longboat Key, FL 34228

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

Robert H. Auerbach

Robert H. Auerbach

4/1/02

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	D	<input checked="" type="checkbox"/> Delete
NAME	KRAMAN, HYMAN MD	
STREET ADDRESS	1211 GULF OF MEXICO DR SUITE 306	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COHEN, EUGENE D	
STREET ADDRESS	1211 GULF OF MEXICO DR, SUITE 510	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRODNER, PAUL	
STREET ADDRESS	1211 GULF OF MEXICO DR, SUITE 203	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FASSLER, JOHN A	
STREET ADDRESS	1211 GULF OF MEXICO DR	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	AUERBACH, ROBERT	
STREET ADDRESS	1211 GULF OF MEXICO DRIVE #401	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAVAGE, MARVIN	
STREET ADDRESS	1211 GULF OF MEXICO DR SUITE 303	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert H. Auerbach	
STREET ADDRESS	1211 Gulf of Mexico Dr	
CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Morton Gavens	
STREET ADDRESS	1211 Gulf of Mexico Drive	
CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Doris Loevner	
STREET ADDRESS	1211 Gulf of Mexico Drive	
CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marvin Savage	
STREET ADDRESS	1211 Gulf of Mexico Drive	
CITY-ST-ZIP	Longboat Key, FL 34228	

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:

Robert H. Auerbach

4/1/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)