

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		31-1069500		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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		Zip Code	
				FL			

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 reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMAN, HYMAN MD		NAME	Robert H. Auerbach	
STREET ADDRESS	1211 GULF OF MEXICO DR SUITE 306		STREET ADDRESS	1211 Gulf of Mexico Dr	
CITY-ST-ZIP	LONGBOAT KEY FL 34228		CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COHEN, EUGENE D		NAME	Morton Gavens	
STREET ADDRESS	1211 GULF OF MEXICO DR, SUITE 510		STREET ADDRESS	1211 Gulf of Mexico Drive	
CITY-ST-ZIP	LONGBOAT KEY FL		CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRODNER, PAUL		NAME		
STREET ADDRESS	1211 GULF OF MEXICO DR, SUITE 203		STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY FL 34228		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FASSLER, JOHN A		NAME	Doris Loevner	
STREET ADDRESS	1211 GULF OF MEXICO DR		STREET ADDRESS	1211 Gulf of Mexico Drive	
CITY-ST-ZIP	LONGBOAT KEY FL		CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUERBACH, ROBERT		NAME		
STREET ADDRESS	1211 GULF OF MEXICO DRIVE #401		STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVAGE, MARVIN		NAME	Marvin Savage	
STREET ADDRESS	1211 GULF OF MEXICO DR SUITE 303		STREET ADDRESS	1211 Gulf of Mexico Drive	
CITY-ST-ZIP	LONGBOAT KEY FL 34228		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)