

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

0046789

DOCUMENT # 768534

1. Entity Name

SPORTSMAN'S COVE CONDOMINIUM ASSOCIATION, INC.

04-08-2002 90248 018 ****61.25

Principal Place of Business

Mailing Address

~~4210 METRO PARKWAY~~
~~SUITE 240~~
 FT. MYERS FL 33916
 US

~~4210 METRO PARKWAY~~
~~SUITE 240~~
 FT. MYERS FL 33916
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Pepitone Realty Mgmt. Svcs. Corp.
13451 McGregor Blvd., Suite 32
Fort Myers, FL 33919

City & State

Zip

Country

4. FEI Number

59-2394322

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

PEPITONE
REALTY MGMT SVCS CORP
~~4210 METRO PARKWAY~~
~~SUITE 240~~
~~FT MYERS FL 33916~~

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 \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	S LEE, MAURICE 892 BUTTONWOOD DR 223 FT MYERS BCH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERRY, ROBERT 898 BUTTONWOOD DR 106 FT MYERS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEINKAMP, ROBERT 894 BUTTONWOOD DRIVE, #217 FT MYERS BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DE BERNARDI, ALBERT 894 BUTTONWOOD DRIVE #219 FT. MYERS BEACH FL 33931	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, RICHARD 894 BUTTONWOOD DR #216 FORT MYERS BEACH FL 33931	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

3-27-02

239-274-9101

Date

Daytime Phone #

CR2E037 (9/01)