

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/1

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90066 028 \*\*\*\*61.25

**DOCUMENT # N00000004081**

1. Entity Name

**MONTEROSSO AT MEDITERRA NEIGHBORHOOD ASSOCIATION**

Principal Place of Business

Mailing Address

7120 S. BENEVA RD.  
 SARASOTA FL 34328-2850

7120 S. BENEVA RD.  
 SARASOTA FL 34328-2850

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

08-1047260

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

PESHKIN, JOHN R  
 7120 S. BENEVA RD.  
 SARASOTA FL 34328-2850

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 \* Schwartz, Douglas P/D ☐ Delete  
 STREET ADDRESS 9809 Airport Road N.  
 CITY-ST-ZIP Naples FL 34109

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME V/D ☐ Delete  
 STREET ADDRESS Martinello, C. Michael  
 CITY-ST-ZIP 7120 S. Benva Rd  
 Sarasota FL 34238

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME S/D ☐ Delete  
 STREET ADDRESS Reed, Phyllis  
 CITY-ST-ZIP 9809 Airport Road N.  
 Naples, FL 34109

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
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TITLE NAME ☐ Delete  
 STREET ADDRESS  
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TITLE NAME ☐ Delete  
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 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 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:** C. Michael Martinello 4/17/01 94-977-0999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/00)