

2001 UNIFORM BUSINESS REPORT (UBR)

2/8

FILED
Mar 12, 2001 8:00 am
Secretary of State

02-08-2001 90028 004 ****61.25

DOCUMENT # N00000007091

1. Entity Name

POINT OF ROCKS TERRACE CONDOMINIUM ASSOCIATION,

Principal Place of Business

417 AVENIDA DE MAYO
 SARASOTA FL 34242

Mailing Address

417 AVENIDA DE MAYO
 SARASOTA FL 34242

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

PO Box 10714

BRADENTON FL

34282

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOZMA, KATALIN
 417 AVENIDA DE MAYO
 SARASOTA FL 34242

7. Name and Address of New Registered Agent

Name **ROBERT MARONE**

Street Address (P.O. Box Number is Not Acceptable)
570 5TH AVE WEST, #107

City **BRADENTON**

FL

Zip Code **34207**

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 Marone

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

TITLE ☐ Delete
 NAME **PD KOZMA, KATALIN**
 STREET ADDRESS **417 AVENIDA DE MAYO**
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE ☐ Delete
 NAME **STD ROBERT MARONE**
 STREET ADDRESS **PO Box 10714**
 CITY-ST-ZIP **BRADENTON FL 34282**

TITLE ☐ Delete
 NAME **D LAURA ENGLISH**
 STREET ADDRESS **24150 O'HARE DR**
 CITY-ST-ZIP **HAFFMAN ESTATES IL 60195**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☒ Addition
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TITLE ☐ Change ☐ 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:

Robert Marone **ROBERT MARONE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/01 941-256-0401

Date

Daytime Phone #

CR2E037 (10/00)