

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

0065328

DOCUMENT # N01000000535

1. Entity Name

**MONTEROSSO II AT MEDITERRA CONDOMINIUM ASSOCIATI
ON, INC.**

Principal Place of Business

Mailing Address

**C/O TAYLOR WOODROW COMMUNITIES AT
9809 AIRPORT RD N
NAPLES FL 34109**

**8430 ENTERPRISE CIRCLE, SUITE 100
BRADENTON FL 34202**

2. Principal Place of Business

3. Mailing Address

2950 Immokalee Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NAPLES, FL

Zip
34110

Country

USA

Zip

Country

4. FEI Number

65-1085892

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
8430 ENTERPRISE CIRCLE, SUITE 100
BRADENTON FL 34202**

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 **PD**
NAME **SCHWARTZ, DOUGLAS L**
STREET ADDRESS **9809 AIRPORT RD N**
CITY-ST-ZIP **NAPLES FL 34109**

☒ Delete

TITLE **P/D**
NAME **Schwartz, Douglas**
STREET ADDRESS **2950 Immokalee Road, Suite 2**
CITY-ST-ZIP **Naples, FL 34110**

☒ Change ☐ Addition

TITLE **VD**
NAME **IVIN, DAVID T**
STREET ADDRESS **7120 S BENEVA RD**
CITY-ST-ZIP **SARASOTA FL 34238**

☒ Delete

TITLE **V/D**
NAME **Martinello, C., Michael**
STREET ADDRESS **8430 Enterprise Circle, Suite 100**
CITY-ST-ZIP **Bradenton FL 34202**

☒ Change ☐ Addition

TITLE **STD**
NAME **REED, PHYLLIS**
STREET ADDRESS **9809 AIRPORT RD N**
CITY-ST-ZIP **NAPLES FL 34109**

☒ Delete

TITLE **S/T/D**
NAME **Fichter, Thomas P.**
STREET ADDRESS **2950 Immokalee Road, Suite 2**
CITY-ST-ZIP **Naples, FL 34110**

☒ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

☐ Delete

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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

C. MICHAEL MARTINELLO

Daytime Phone #

CR2E037 (9/01)