

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000002061

1. Entity Name

DAMIFINO HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90005 040 ****70.00

Principal Place of Business

Mailing Address

325 SOUTH BOULEVARD
TAMPA FL 33606

325 SOUTH BOULEVARD
TAMPA FL 33606

2. Principal Place of Business

3. Mailing Address

120 DAMIFINO St

P.O. BOX 1707

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BOCA GRANDE, FL

BOCA GRANDE, FL

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

33921

LEE

33921

LEE

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

JAMES, JUDITH L
325 SOUTH BOULEVARD
TAMPA FL 33606

Name

LYNNE M. SEIBERT

Street Address (P.O. Box Number is Not Acceptable)

120 DAMIFINO St

P.O. BOX 1707 (MAIL)

City

BOCA GRANDE

FL

Zip Code

33921

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

Lynne M. Seibert

LYNNE M. SEIBERT

2/26/02

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. ☐

\$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	D	<input type="checkbox"/> Delete
NAME	CAMPO, DANIEL E	
STREET ADDRESS	P.O. BOX 1128	
CITY-ST-ZIP	BOCA GRANDE FL 33921	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUTMAN, RONALD	
STREET ADDRESS	P.O. BOX 499	
CITY-ST-ZIP	BOCA GRANDE FL 33921	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEIBERT, LYNNE	
STREET ADDRESS	P.O. BOX 1707	
CITY-ST-ZIP	BOCA GRANDE FL 33921	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Lynne M. Seibert

LYNNE M. SEIBERT, Director 2/26/02 (941) 964 2547

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)