

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Mar 10, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90051 020 \*\*\*\*61.25

**DOCUMENT # N01000003565**

1. Entity Name

**D & M CONDOMINIUM OWNER'S ASSOCIATION, INC.**

Principal Place of Business

**80 SOUTHPORT COVE  
BAREFOOT BEACH FL 34134**

Mailing Address

**80 SOUTHPORT COVE  
BAREFOOT BEACH FL 34134**

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

**65-1107402**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUVAL, SCOTT W  
3838 TAMiami TRAIL NORTH  
STE. 402  
NAPLES FL 34103**

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 **DR & MANAGING MEMBER** ☐ Delete  
NAME **DONALD M. CHURILLA**  
STREET ADDRESS **80 SOUTHPORT COVE**  
CITY-ST-ZIP **BAREFOOT BEACH, FL 34134**

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

TITLE **DR & MANAGING MEMBER** ☐ Delete  
NAME **MICHAEL ZACCARO**  
STREET ADDRESS **80 SOUTHPORT COVE**  
CITY-ST-ZIP **BAREFOOT BEACH, FL 34134**

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

TITLE **DR** ☐ Delete  
NAME **J. THOMAS CONROTH III**  
STREET ADDRESS **3838 TAMiami TRAIL N. STE 402**  
CITY-ST-ZIP **NAPLES, FL 34103**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**DONALD M. CHURILLA**

**1-13-02**

**941 495 5456**

CR2E037 (9/01)