

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

0048550

DOCUMENT # N01880

1. Entity Name

THE WINDSTAR CONDOMINIUM SECTION ONE ASSOCIATION, INC.

04-09-2002 90009 040 ****61.25

Principal Place of Business

Mailing Address

C/O INTEGRATED PROPERTY MGMT.
3435 - 10TH STREET N., #201
NAPLES FL 34103
US

C/O INTEGRATED PROPERTY MGMT.
3435 - 10TH STREET N., #201
NAPLES FL 34103
US

2. Principal Place of Business

C/O 267 N. Collier Blvd.

3. Mailing Address

PO Box 1283

Suite, Apt. #, etc.

Ste. 201

Suite, Apt. #, etc.

City & State

Marco Island, FL

City & State

Marco Island, FL

4. FEI Number

59-2451042

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

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

FALK, STEVEN M
C/O ROETZLE & ANDRES
850 PARK SHORE DR. - 3RD FLOOR
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 PD
NAME MARR, WALTER
STREET ADDRESS 4650 YACHT HARBOR DR
CITY-ST-ZIP NAPLES FL 34112 ☐ Delete

TITLE TD
NAME GLEASON, TOM
STREET ADDRESS 4650 Yacht Harbpr Dr
CITY-ST-ZIP Naples, FL 34112 ☐ Change ☒ Addition

TITLE VD
NAME WALSH, MICHAEL
STREET ADDRESS 4456 YACHT HARBOR DR
CITY-ST-ZIP NAPLES FL ☒ Delete

TITLE D
NAME SCOTT, SUE
STREET ADDRESS 4604 Yacht Harbor Dr
CITY-ST-ZIP Naples, FL 34112 ☐ Change ☒ Addition

TITLE SD
NAME WALSH, MICHAEL
STREET ADDRESS 4456 YACHT HARBOR DR
CITY-ST-ZIP NAPLES FL ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE SD
NAME BARNICLE, TERRENCE
STREET ADDRESS 4650 YACHT HARBOR DR
CITY-ST-ZIP NAPLES FL ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE T
NAME ALLISON, ROBERT
STREET ADDRESS 4650 YACHT HARBOR DR
CITY-ST-ZIP NAPLES FL ☒ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/2/02 941-642-3700

CR2E037 (9/01)