

2001 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Feb 22, 2001 8:00 am
Secretary of State

01-29-2001 90033 016 ***61.25

DOCUMENT # N04304

1. Entity Name

THE EMBASSY CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

% SANDRA FOX
6201 PRESIDENTIAL COURT
FT MYERS FL 33919

Mailing Address

% SANDRA FOX
6201 PRESIDENTIAL COURT
FT MYERS FL 33919

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

18515 Deep Passage Lane

City & State

City & State

Ft Myers Beach FL

Zip

Country

Zip

Country

33931

USA

4. FEI Number

59-2566401

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DRUMM, MARIA L.
1440 LAKESPUR DRIVE
FT. MYERS FL 33901

7. Name and Address of New Registered Agent

Name Sandra J. Penner-Fox

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

18515 Deep Passage Lane

Ft Myers Beach

FL

Zip Code 33931

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

Sandra Penner-Fox, President

1/3/01

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 NAME STREET ADDRESS CITY-ST-ZIP	PD FOX, SANDRA 18515 DEER PASSAGE LANE FT. MYERS BEACH FL 33931	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, WARD 19319 SILVER OAKS DRIVE FT. MYERS FL 33912	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRUMM, MARIA L 7711 EAGLES' FLIGHT LN FORT MYERS FL 33912	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fox, BILL J 18515 Deep Passage Lane Ft Myers Beach FL 33931	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steven Penner 59 Crescent Drive Columbia Falls, Mt 59912	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Sandra Penner-Fox, President

Date

Daytime Phone #

1/3/01 941-454-3066

CR2E037 (10/00)