

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90164 001 \*\*\*\*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**

18515 DEEP PASSAGE LANE  
FORT MYERS BEACH FL 33931

**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** 59-2566401

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

PENNER-FOX, SANDRA J.  
18515 DEEP PASSAGE LANE  
FORT MYERS BEACH FL 33931

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.**

**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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | PD                        | <input type="checkbox"/> Delete |
| NAME           | FOX, SANDRA               |                                 |
| STREET ADDRESS | 18515 DEEP PASSAGE LANE   |                                 |
| CITY-ST-ZIP    | FT. MYERS BEACH FL 33931  |                                 |
| TITLE          | D                         | <input type="checkbox"/> Delete |
| NAME           | FOX, BILL J               |                                 |
| STREET ADDRESS | 18515 DEEP PASSAGE LANE   |                                 |
| CITY-ST-ZIP    | FORT MYERS BEACH FL 33931 |                                 |
| TITLE          | D                         | <input type="checkbox"/> Delete |
| NAME           | PENNER, STEVEN            |                                 |
| STREET ADDRESS | 59 CRECENT DRIVE          |                                 |
| CITY-ST-ZIP    | COLUMBIA FALLS MT 59912   |                                 |
| 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    |                           |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 |
| 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 |
| 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:**

*Sandra Penner-Fox*

2/14/03 239-454-3866

CR2E037 (10/02)