

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90279 043 \*\*\*\*61.25

**DOCUMENT # N07783**

1. Entity Name

**ALAMEDA ISLES HOMEOWNERS ASSOCIATION, INC.**

**00014708**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**1 ALAMEDA GRANDE  
 ENGLEWOOD FL 34223  
 US**

**16 CHURCH ST  
 OSPREY FL 34229  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2294634**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~NIESKES, GARY~~  
**ALAMEDA ISLES HOMEOWNERS**  
**16 CHURCH ST**  
**OSPREY FL 34229**

Name **Richard Bright**  
 Street Address (P.O. Box Number is Not Acceptable) **Alameda Isles Homeowners**  
**16 Church St.**  
 City **Osprey, FL** Zip Code **34229**

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 *Richard Bright* *Richard Bright* *1-22-01*  
 Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when registering) 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>OLNEY, FRED</b> <b>5 S ESPLANADE ST</b> <b>ENGLEWOOD FL 34223</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>P</b></del> <b>BRIGHT, RICHARD</b> <b>36 N FLORA VISTA ST</b> <b>ENGLEWOOD FL 34223</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCKERNAN, DON</b> <b>2 N. GRANADA PLAZA</b> <b>ENGLEWOOD FL 34223</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>P</b></del> <b>PALLOTTI, ROCCO</b> <b>S. FLORA VISTA ST.</b> <b>ENGLEWOOD FL 34223</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>PRZYSUCHA, JOHN</b> <b>P S. GRANADA PLAZA</b> <b>ENGLEWOOD FL 34223</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DOCKX BOB</b> <b>1 DEL PRADO DR.</b> <b>ENGLEWOOD FL 34223</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Marilyn Sandru</b> <b>31 N. Esplanade St.</b> <b>Englewood, FL 34223</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Gary Nieskes</b> <b>56 S. Buena Ave.</b> <b>Englewood, FL 34223</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Asst S</b> <b>J. Lloyd Keith</b> <b>16 Church St.</b> <b>Osprey, FL 34229</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MAYNARD Bailey</b> <b>12 S. Esplanade St.</b> <b>Englewood, FL 34223</b>	<input type="checkbox"/> Change <input checked="" 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 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: *Richard Bright* *Richard Bright* *1-22-01*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)