

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N09013**

1. Entity Name

**RENTSCHLER PARK CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

16270 OLD US 41 S  
FT. MYERS BEACH FL 33931  
US

Mailing Address

C/O FAYE B. JOHNSON  
18275 DEEP PASSAGE LANE  
FT. MYERS BEACH FL 33931**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90025 044 \*\*\*\*61.25

552106



DO NOT WRITE IN THIS SPACE

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 <b>65-0756201</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CALDWELL, MANLEY P JR.  
324 ROYAL PALM WAY  
SUITE 300  
PALM BEACH FL 33480

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.

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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	PATCH, NATHAN G	
STREET ADDRESS	220 ORANGE GROVE	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JOHNSON, DAVID L	
STREET ADDRESS	18275 DEEP PASSAGE LANE	
CITY-ST-ZIP	FT. MYERS BEACH FL 33931	
TITLE	STD	<input type="checkbox"/> Delete
NAME	JOHNSON, FAYE B	
STREET ADDRESS	18275 DEEP PASSAGE LANE	
CITY-ST-ZIP	FT. MYERS BEACH FL 33931	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CALDWELL, MANLEY P JR.	
STREET ADDRESS	324 ROYAL PALM WAY	
CITY-ST-ZIP	PALM BEACH FL 33480	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

Date

941

466-3034

Daytime Phone #

CR2E037 (10/00)