

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11039

1. Entity Name

THE CITADEL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9845 CITADEL LANE
UNIT #100
BONITA SPRINGS FL 34135

9845 CITADEL LANE
UNIT #100
BONITA SPRINGS FL 34135-4685

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

59-2830286

Applied For

Not Applicable

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

BECKER & POLIAKOFF, P.A.
% JOSEPH E. ADAMS, ESQ.
13515 BELL TOWER DRIVE, SUITE 101
FORT MYERS FL 33907

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 PTD ☐ Delete
NAME R. FLOYD LUCKEY, JR.
STREET ADDRESS 5164 BONITA BEACH RD.
CITY-ST-ZIP BONITA SPRINGS FL 33923

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME DOOLEY, CHARLES
STREET ADDRESS 4895 CITADEL LANE, #101
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME JOHNSON, CLARA
STREET ADDRESS 9871 CITADEL LANE, #108
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME SAUNDERS, MARGERY
STREET ADDRESS 9871 CITADEL LANE, #008
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME THOMPSON, SHARON
STREET ADDRESS 320 N ADAMS AVE
CITY-ST-ZIP BUFFALO NY 82834

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90079 015 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)