

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90086 034 ****61.25

DOCUMENT # N11414

1. Entity Name

THE GARDEN PATIOS OF CAPE CORAL CONDOMINIUM ASSO

Principal Place of Business

% PROFESSIONALLY YOURS, INC.
P.O. BOX 831
CAPE CORAL FL 33910

Mailing Address

P O BOX 100831
CAPE CORAL FL 33910

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2645960

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

OLSON, BARBARA
1342 SE 46TH LANE #3
CAPE CORAL FL 33904

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 \$61.259. 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 ☐ Delete
NAME **D**
STREET ADDRESS **COLVER, DAYTON**
CITY-ST-ZIP **3828 SW 8TH COURT #106**
CAPE CORAL FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **VD**
STREET ADDRESS **BURKE, RICHARD**
CITY-ST-ZIP **3914 SW 8TH CT #104**
CAPE CORAL FL 33914TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **SPADAFORA, TOM**
CITY-ST-ZIP **2105 DIXIE HIGHWAY**
HAMILTON OH 45011TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **PD**
STREET ADDRESS **BOYLAN, JAMES**
CITY-ST-ZIP **3828 SW 8TH COURT #107**
CAPE CORAL FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Delete
NAME **SD**
STREET ADDRESS **RAMLOW, ARLENE**
CITY-ST-ZIP **3915 SW 9TH AVE., #117**
CAPE CORAL FL 33914TITLE ☐ Change ☒ Addition
NAME **STD**
STREET ADDRESS **SCHMID, EUGENE**
CITY-ST-ZIP **26169 KILTARTON STREET**
FARMINGTON HILL, MI 48334TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 #

CR2E037 (10/00)