

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23402

1. Entity Name

EAGLE CAY CONDOMINIUM, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90329 020 ****61.25

0086277

Principal Place of Business

881-901 COLLIER CT
MARCO ISLAND FL 33937

Mailing Address

PO BOX 931
MARCO ISLAND FL 33969

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

65-0037921

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

BURT, EDMUND S
909 NORTH COLLIER BLVD.
MARCO ISLAND FL 33937

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 NAME STREET ADDRESS CITY-ST-ZIP	DVP REARDEN, JOHN 901 COLLIER COURT MARCO ISLAND FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PRAVATO, FRANK 888 COLLIER CT MARCO ISLAND FL 34145 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GANter, BARBARA 897 COLLIER CT MARCO ISLAND FL 34145 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STONE, NIELS 897 COLLIER CT MARCO ISLAND FL 34145 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUSTARD, GERRY 897 COLLIER CT MARCO ISLAND FL 34145 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

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

Nick E Stone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-18-01 941 642-8872

CR2E037 (10/00)