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2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

TURB AND TYPED OR PRINTED NAME OF SIGN

FILED Apr 29, 2002 8:00 am Secretary of State **DOCUMENT # N23402** 1. Entity Name EAGLE CAY CONDOMINIUM, INC. 04-29-2002 90028 004 ****61.25 Principal Place of Business Mailing Address 881-901 COLLIER CT PO BOX 931 MARCO ISLAND FL 33937 MARCO ISLAND FL 33969 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0037921 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BURT, EDMUND S Street Address (P.O. Box Number is Not Acceptable) 909 NORTH COLLIER BLVD. MARCO ISLAND FL 33937 City Zip Code FL 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 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** ta i garage 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DVP-424 334 34 Call 24 TITLE ☐ Detete TITLE 🛣 Addition CR2E037 (9/01 REARDEN, JOHN NAME GARVEY, MAURICE NAME STREET ADDRESS 901 COLLIER COURT STREET ADDRESS 897 COLLIER COURT CITY-ST-7IP MARCO ISLAND FL CITY-ST-ZIP MADIO ISLAND, FL 3415 DT ☐ Delete TITLE K Change ☐ Addition PRAVATO, FRANK ACAVATO FRANK 889 COLLIERCOVET NAME NAME STREET ADDRESS 888 COLLIER CT STREET ADDRESS CITY-ST-ZIP MARCO ISLAND FL 34145 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition GANTER: BARBARA NAME NAME STREET ADDRESS 897 COLLIER CT STREET ADDRESS CITY-ST-ZIP MARCO ISLAND FL 34145 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STONE, NIELS NAME NAME STREET ADDRESS 897 COLLIER CT STREET ADDRESS CITY-ST-ZIP MARCO ISLAND FL 34145 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition **BUSTARD, GERRY** NAME NAME STREET ADDRESS 897 COLLIER CT STREET ADDRESS CITY-ST-ZIP MARCO ISLAND FL 34145 CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS 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