

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33686

1. Entity Name

QUEENS HARBOUR OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3503 FAIR OAKS COURT  
LONGBOAT KEY FL 34228  
US

630 S ORANGE AVE  
SUITE 101  
SARASOTA FL 34238  
US

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

65-0236769

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

ORLANDO, PRIEDE  
C/O CONDO KEEPERS  
630 S ORANGE AVE, STE 101  
SARASOTA FL 34238

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  
PD  
NICOLATO, JOSEPH L  
3611 FAIROAKS PLACE  
LONGBOAT KEY FL 34228 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
RAVCH, STEPHEN P  
3542 FAIROAKS LANE  
LONGBOAT KEY FL 34228 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
MANASEE, RONDA  
3537 FAIR OAKS LANE  
LONGBOAT KEY FL 34228 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
RAPOWITZ, BERT  
3617 FAIR OAKS PLACE  
LONGBOAT KEY FL 34228 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
TRUSHEL, DAVID H  
3578 FAIROAKS WAY  
LONGBOAT KEY FL 34228 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ROBERT BALDWIN  
3606 FAIR OAKS PLACE  
LONGBOAT KEY, FL 34228 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/23/02 (941) 351-4442

CR2E037 (9/01)