

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002832

1. Entity Name

805 DEL PRADO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

805 DEL PRADO PARKWAY  
CAPE CORAL FL 33990

Mailing Address

805 DEL PRADO PARKWAY  
CAPE CORAL FL 33990

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0376430

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

SHERIDAN, HOWARD M  
3680 BROADWAY  
FT MYERS FL 33901

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 DP ☐ Delete  
NAME SHERIDAN, HOWARD M  
STREET ADDRESS 805-A DEL PRADO BLVD.  
CITY-ST-ZIP CAPE CORAL FL

TITLE DV ☐ Change ☒ Addition  
NAME MARGOLIN, CHAIM J.  
STREET ADDRESS 805-A DEL PRADO BLVD.  
CITY-ST-ZIP CAPE CORAL, FL

TITLE DV ☐ Delete  
NAME KNIFIC, RANDOLPH J  
STREET ADDRESS 805-A DEL PRADO BLVD  
CITY-ST-ZIP CAPE CORAL FL

TITLE DV ☐ Change ☒ Addition  
NAME LINKER, CAREY S.  
STREET ADDRESS 805-A DEL PRADO BLVD.  
CITY-ST-ZIP CAPE CORAL, FL

TITLE DST ☐ Delete  
NAME CARRON, MICHAEL J  
STREET ADDRESS 805-A DEL PRADO BLVD  
CITY-ST-ZIP CAPE CORAL FL

TITLE DV ☐ Change ☒ Addition  
NAME TURKEL, DAVID H.  
STREET ADDRESS 805-A DEL PRADO BLVD.  
CITY-ST-ZIP CAPE CORAL, FL

TITLE DV ☐ Delete  
NAME BOBMAN, STUART A  
STREET ADDRESS 805-A DEL PRADO BLVD  
CITY-ST-ZIP CAPE CORAL FL

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

TITLE DV ☒ Delete  
NAME SHAVER, RODGER W  
STREET ADDRESS 805-A DEL PRADO BLVD  
CITY-ST-ZIP CAPE CORAL FL

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

TITLE DV ☐ Delete  
NAME KRIVISKY, BRIAN A  
STREET ADDRESS 805-A DEL PRADO BLVD  
CITY-ST-ZIP CAPE CORAL FL

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 01, 2000 8:00 am  
Secretary of State

02-01-2000 90036 047 \*\*\*\*61.25

00011504



DO NOT WRITE IN THIS SPACE

*Signature*

1/21/00

941-936-2366