

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002832

1. Entity Name

805 DEL PRADO CONDOMINIUM ASSOCIATION, INC.

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

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

Principal Place of Business

Mailing Address

805 DEL PRADO PARKWAY
 CAPE CORAL FL 33990

805 DEL PRADO PARKWAY
 CAPE CORAL FL 33990

00011004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0376430

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

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	<input type="checkbox"/> Delete
NAME	SHERIDAN, HOWARD M	
STREET ADDRESS	805-A DEL PRADO BLVD.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KNIFIC, RANDOLPH J	
STREET ADDRESS	805-A DEL PRADO BLVD	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	CARRON, MICHAEL J	
STREET ADDRESS	805-A DEL PRADO BLVD	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BOBMAN, STUART A	
STREET ADDRESS	805-A DEL PRADO BLVD	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	SHAVER, RODGER W	
STREET ADDRESS	805-A DEL PRADO BLVD	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KRIVISKY, BRIAN A	
STREET ADDRESS	805-A DEL PRADO BLVD	
CITY-ST-ZIP	CAPE CORAL FL	

TITLE	DV	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Additor
NAME	MARGOLIN, CHAIM J.		
STREET ADDRESS	805-A DEL PRADO BLVD.		
CITY-ST-ZIP	CAPE CORAL, FL		
TITLE	DV	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Additor
NAME	LINKER, CAREY S.		
STREET ADDRESS	805-1 DEL PRADO BLVD.		
CITY-ST-ZIP	CAPE CORAL, FL		
TITLE	DV	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Additor
NAME	TURKEL, DAVID H.		
STREET ADDRESS	805-A DEL PRADO BLVD.		
CITY-ST-ZIP	CAPE CORAL, FL		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Additor
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Additor
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:

Sheridan Howard M
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/00
 Date

941-936-2366
 Daytime Phone #