

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90034 018 \*\*\*\*61.25

**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

3. Mailing Address

**3680 Broadway**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Ft. Myers, FL**

Zip

Country

Zip

Country

**33901 U.S.A.**

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  
 After September 12, 2001, min. will be \$236.25**

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	DP SHERIDAN, HOWARD M 805-A DEL PRADO BLVD. CAPE CORAL FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KNIFIC, RANDOLPH J 805-A DEL PRADO BLVD CAPE CORAL FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CARRON, MICHAEL J 805-A DEL PRADO BLVD CAPE CORAL FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BOBMAN, STUART A 805-A DEL PRADO BLVD CAPE CORAL FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MARGOLIN, CHAIM J 805-A DEL PRADO BLVD CAPE CORAL FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KRIMSKY, BRIAN A 805-A DEL PRADO BLVD CAPE CORAL FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LINKER, CAREY S. 805 DEL PRADO BLVD. CAPE CORAL, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TURKEL, DAVID H. 805 DEL PRADO BLVD. CAPE CORAL, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DANEHY, EDWARD J. 805 DEL PRADO BLVD. CAPE CORAL, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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**

9/4/01

CR2E037 (5/01)