

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90093 022 ****61.25

DOCUMENT # N96000005158

1. Entity Name

RAVENNA AT PELICAN MARSH II CONDOMINIUM ASSOCIAT

Principal Place of Business

Mailing Address

PELICAN MARSH BOULEVARD
NAPLES FL 33963

2796 WEST CROWN POINTE BLVD
NAPLES FL 34112-5463
US

2. Principal Place of Business

3. Mailing Address

6732 LONE OAK BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
NAPLES FL. 34109

4. FEI Number

65-0701140

Applied For

Not Applicable

Zip

Country

Zip

Country

34109

USA

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

ROGER KRAMER & ASSOCIATES
6732 LONE OAK BLVD.
SUITE 501
NAPLES FL 34109

Name
Kramer-Trias Management Group

Street Address (P.O. Box Number is Not Acceptable)
6732 LONE OAK BLVD.

City NAPLES FL Zip Code 34109

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

TOM LEATHER Regional MGR 2/3/00

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	D	<input checked="" type="checkbox"/> Delete
NAME	CORACE, RICHARD F	
STREET ADDRESS	5551 RIDGEWOOD DR STE 203	
CITY-ST-ZIP	NAPLES FL 33963	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRIFFIN, GERALD F	
STREET ADDRESS	5551 RIDGEWOOD DR STE 203	
CITY-ST-ZIP	NAPLES FL 33963	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHARPE, KEITH A	
STREET ADDRESS	5551 RIDGEWOOD DR STE 203	
CITY-ST-ZIP	NAPLES FL 33963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GASKIN, NEIL	
STREET ADDRESS	2403 RAVENNA BLVD. # 202	
CITY-ST-ZIP	NAPLES FL. 34109	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KETTEL, JOHN	
STREET ADDRESS	2403 RAVENNA BLVD. # 201	
CITY-ST-ZIP	NAPLES FL. 34109	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOOD, JERRESEY	
STREET ADDRESS	2396 RAVENNA BLVD. #101	
CITY-ST-ZIP	NAPLES FL. 34109	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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 #

2/3/00 941-592-1577

CR2E037 (9/99)