2002 UNIFORM BUSINESS REPORT (UBR)

Apr 09, 2002 8:00 am Secretary of State DOCUMENT # N9700006581 PROVENCE OF NAPLES CONDOMINIUM ASSOCIATION, INC. 04-09-2002 90063 035 ****61.25 Principal Place of Business Mailing Address 4151 GULG SHORE BV N 4151 GULG SHORE BV N NAPLES FL 34103 NAPLES FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3507007 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent nold Street Address (P.O. Box Number is Not Acceptable) CATALANO, ANTHONY J 4151 GULF SHORE BY N STE 306 ± NAPLES FL 34103 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 roistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE Change Addition SULZMANN, BILL NAME . NAME STREET ADDRESS 4151 GULF SHORE BV N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 VPD ☐ Delete TITLE TITLE Change Addition NAME FLEISCHMAN, PAT NAME STREET ADDRESS 4151 GULF SHORE BV N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 TITLE Delete TITLE □ Change Addition HAZELBAKER, RALPH NAME NAME STREET ADDRESS 4151 GULF SHORE BY N STREET ADDRESS CITY-ST-ZIP NAPLES FL 34103 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME JONES, JENNIE NAME STREET ADDRESS 4151 GULF SHORE BV N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 TITLE ☐ Delete ☐ Change ☐ Addition BRENNAN, TERRY NAME STREET ADDRESS 4151 GULF SHORE BV N STREET ADDRESS CITY-ST-ZIP NAPLES FL 34103 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Addition LEVE, JUDSON NAME NAME STREET ADDRESS 4151 GULF SHORE BV N STREET ADDRESS CITY-ST-ZIP NAPLES FL 34103 CITY-ST-7IP 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 frue 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11.

required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Daytime Phone #

istee empowered to execute this report as address, with all other like employered.

JUDSON LEVE SIGNATURE: