

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

02-26-2001 90540 001 \*\*\*61.25

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N98000004386**

1. Entity Name

JC-1 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2220 J & C BLVD., #9  
NAPLES FL 34109

2220 J & C BLVD., #9  
NAPLES FL 34109

30018



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

59-3525257

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

MORRISON, DAVID N  
3838 TAMiami TRAIL NORTH  
SUITE 34103  
NAPLES FL 34103

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
PUERTAS, JOSE  
2220 J & C BLVD., #8  
NAPLES FL 34109  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P D  
Sunyog, Ron  
4505 Beechwood Lake Dr., North  
Naples, FL 34112  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
MUELLER, GREG  
2220 J & C BLVD., #8  
NAPLES FL 34109  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V D  
Nold, Fred  
200 Livermore Lane  
Naples, FL 34119  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DST  
WILLIAMSON, BONNIE  
2220 J & C BLVD., #8  
NAPLES FL 34109  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  
  
  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  
  
  
 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  
  
  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  
  
  
 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  
  
  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  
  
  
 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  
  
  
 Change  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: *Bonnie Williamson* 02-16-01

941-566-2060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)