

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005451

1. Entity Name

WATERFRONT GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1710 E CAPE CORAL PARKWAY
CAPE CORAL FL 33904

Mailing Address

1710 E CAPE CORAL PARKWAY
CAPE CORAL FL 33904-9620

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHEFFY, JANE Y
2375 TAMiami TRAIL N, SUITE 310
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

RIEDLINGER, THOMAS

Street Address (P.O. Box Number is Not Acceptable)

1710 EAST CAPE CORAL PKWY.

City

CAPE CORAL

FL

Zip Code

33904

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.

THOMAS RIEDLINGER - PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

04-11-00

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

TITLE ☐ Delete
NAME D
STREET ADDRESS RIEDLINGER, THOMAS
CITY-ST-ZIP 1710 E CAPE CORAL PARKWAY
CAPE CORAL FL 33904

TITLE ☐ Delete
NAME D
STREET ADDRESS ROTHIER, NADINE
CITY-ST-ZIP 1710 E CAPE CORAL PARKWAY
CAPE CORAL FL 33904

TITLE ☐ Delete
NAME D
STREET ADDRESS RIEDLINGER, HEIDRUN
CITY-ST-ZIP 1710 E CAPE CORAL PARKWAY
CAPE CORAL FL 33904

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-11-00

Date

941-945-3899

Daytime Phone #

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90072 041 ****70.00



DO NOT WRITE IN THIS SPACE