

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2003 8:00 am
Secretary of State

4/21

04-28-2003 90288 007 ****61.25

DOCUMENT # N99000005451

1. Entity Name
WATERFRONT GARDENS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

3501 S DEL PRADO B
SUITE 200
CAPE CORAL FL 33904

Mailing Address

3501 S DEL PRADO B
SUITE 200
CAPE CORAL FL 33904

55654852

2. Principal Place of Business

621 SW 47th Terrace
Suite, Apt. #, etc.

3. Mailing Address

1907 Dupont Ave. S.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Cape Coral FL

City & State

Minneapolis MN

4. FEI Number 65-1097301

Applied For

Not Applicable

Zip

33904

Country

USA

Zip

55403

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIEDLINGER, THOMAS
3501 S DEL PRADO B
SUITE 200
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name: CAROL W. BECKER

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

1908 NE 5th St.

City CAPE CORAL

FL

Zip Code

33909

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carol W. Becker*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RIEDLINGER, THOMAS	
STREET ADDRESS	3501 S DEL PRADO B	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROTHIER, NADINE	
STREET ADDRESS	3501 S DEL PRADO B	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RIEDLINGER, HEIDRUN	
STREET ADDRESS	3501 S DEL PRADO B	
CITY-ST-ZIP	CAPE CORAL FL 33904	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P/T FRANK G. TRISKO	
STREET ADDRESS	1907 Dupont Ave S.	
CITY-ST-ZIP	Minneapolis, MN 55403	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Anderson	
STREET ADDRESS	1907 Dupont Ave. S.	
CITY-ST-ZIP	Minneapolis, MN 55403	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S/Shaila Hegna	
STREET ADDRESS	2418 QUINCY ST. N.E	
CITY-ST-ZIP	Minneapolis 55412-3624	
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 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: *Frank G. Trisko* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/03

Daytime Phone

612 871-1112

CR2007 (10/02)