

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90062 026 \*\*\*150.00

**DOCUMENT# P98000077138**

1. Entity Name

**BOSCH TROPICAL GARDEN APARTMENTS, INC.**

Principal Place of Business

**4034 CORONADE PARKWAY  
 CAPE CORAL FL 33904**

Mailing Address

**4034 CORONADE PARKWAY  
 CAPE CORAL FL 33904**

(LA)

2. Principal Place of Business

**4034 Coronado Pkwy  
 Suite, Apt. #, etc.**

3. Mailing Address

**P.O. Box 152055  
 Suite, Apt. #, etc.**

City & State

**Cape Coral, FL**

City & State

**Cape Coral, FL**

4. FEI Number

**65-0871042**

Applied For

Not Applicable

Zip

Country

**33904**

**U.S.**

Zip

Country

**33915**

**U.S.**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LA ROCCO, ROBERT J  
 C/O H.S. BLAIR 7 ASSOCIATES, INC.  
 1505 S.E. 40TH STREET, STE. C  
 CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent

Name

**Pennylynn A. Trealout, CPA**

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

**1100 Pondella Road, Unit # 514**

City

**North Fort Myers FL**

Zip Code

**33903**

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

**Pennylynn A. Trealout, CPA** **Pennylynn A. Trealout, CPA** **7-18-01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
 NAME **BOSCH, STEPHAN**  
 STREET ADDRESS **4034 CORONADE PARKWAY**  
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
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TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
 NAME **Bosch, Stephan**  
 STREET ADDRESS **4034 Coronado Parkway**  
 CITY-ST-ZIP **Cape Coral, FL 33904**

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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 STREET ADDRESS  
 CITY-ST-ZIP

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Stephan Bosch President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0084006 AV

CR2E034 (5/01)

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077138

1. Entity Name

BOSCH-TROPICAL GARDEN APARTMENTS, INC.

Attachment

10309

Principal Place of Business

4034 CORONADO PARKWAY  
CAPE CORAL FL 33904

Mailing Address

4034 CORONADO PARKWAY  
CAPE CORAL FL 33904

2. Principal Place of Business

4034 Coronado PKWY  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 38 052055  
Suite, Apt. #, etc.

City &amp; State

Cape Coral, FL

City &amp; State

Cape Coral, FL

4. FEI Number

65-0871042

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LA. ROCCO, ROBERT J.  
C/O H.S. BLAIR 7 ASSOCIATES, INC.  
1505 S.E. 40TH STREET, STE. C  
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name Penelope A. Tivalent, CPA  
Street Address (P.O. Box Number is Not Acceptable)

1100 Pondella Road, Unit # 514

City N. Ft. Myers

FL

Zip Code  
33903

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 removing

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)☐FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution.☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
P  
BOSCH, STEPHAN  
4034 CORONADO PARKWAY  
CAPE CORAL FL 33904 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
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☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
P  
Bosch, Stephan  
4034 Coronado Parkway  
Cape Coral, FL 33904 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ AdditionTITLE  
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CITY- ST- ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with other like empowered.

SIGNATURE:

Signature typed or printed name of signing officer or director

04-05-01

Date

Daytime Phone #

CR2E034 (10/00)