2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # 725878 CONCORD VILLAGE SOUTH CONDOMINIUM ASSOCIATION NO 04-25-2001 90017 023 ****61.25 Principal Place of Business Mailing Address 11270 4TH ST N #216 11270 4TH ST N #216 ST PETERSBURG FL 33716 ST PETERSBURG FL 33716 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 59-1676715 Not Applicable Country 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 Name LITTRELL, GEORGE Street Address (P.O. Box Number is Not Acceptable) 970 35TH AVE #113 ST PETERSBURG F Zio Code 8. The above na purpose of changing its registered office or registered agent, or both, in the state of Florida. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE CR2E037 (10/00) ☐ Change Addition LITTRELL, GEORGE NAME STREET ADDRESS 970-85TH AVE N #113 STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ST PETERSBURG FL 33702 TITLE ☐ Delete TITLE ☐ Change Addition NAME ZIEGLER, SUSAN NAME STREET ADDRESS 930-85TH AVE N #303 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ST PETERSBURG FL 33702 TITLE Delete TITLE ☐ Change Addition NAME CURRY, HELEN NAME STREET ADDRESS STREET ADDRESS 930-85TH AVENUE NORTH #404 CITY-ST-ZIE CITY-ST-7IP ST. PETERSBURG FL 33702 TITLE T ☐ Delete TITLE ☐ Change Addition NAME GANCI, V NAME STREET ADDRESS STREET ADDRESS 970-85TH AVENUE NO., #115 CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33702 TITLE ☐ Delete TITLE Change Addition NAME CONLEY, SERGIA NAME STREET ADDRESS STREET ADDRESS 930-85TH AVE N #401 CITY-ST-ZIF CITY-ST-7IP ST PETERSBURG FL 33702 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 suppliemental 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 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 if changed, or on an attachm

Date

Daytime Phone #