

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728696

1. Entity Name

BAYOU HOUSE APARTMENT CONDOMINIUM ASSOCIATION, I

Principal Place of Business

1650 PINETREE LANE
#301
SARASOTA FL 34236-7758

Mailing Address

1650 PINETREE LANE
#301
SARASOTA FL 34236-7758

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 59-2267282

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

CLARK, JAMES R
1650 PINE TREE LANE
#301
SARASOTA FL 34236

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 PD
NAME CLARK, JAMES R.
STREET ADDRESS 1650 PINETREE LANE #301
CITY-ST-ZIP SARASOTA FL ☐ Delete

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

TITLE VPD
NAME COLLINS, B J
STREET ADDRESS 1650 PINE TREE LANE #102
CITY-ST-ZIP SARASOTA FL ☒ Delete

TITLE VPD
NAME BLACK, JANE
STREET ADDRESS 1650 PINETREE LANE #103
CITY-ST-ZIP SARASOTA FL ☐ Change ☐ Addition

TITLE STD
NAME MOCK, TRIS R
STREET ADDRESS 1650 PINE TREE LANE #101
CITY-ST-ZIP SARASOTA FL ☐ Delete

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

TITLE D
NAME HOPKINS, KATE A
STREET ADDRESS 1650 PINE TREE LANE #104
CITY-ST-ZIP SARASOTA FL ☐ Delete

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

TITLE D
NAME DOYLE, ANOE E
STREET ADDRESS 1650 PINE TREE LANE #204
CITY-ST-ZIP SARASOTA FL ☐ 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:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90181 005 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)