

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2002 8:00 am
Secretary of State

01-25-2002 90008 039 ****61.25

DOCUMENT # 728696

1. Entity Name

BAYOU HOUSE APARTMENT CONDOMINIUM ASSOCIATION, I
NC.

Principal Place of Business

Mailing Address

1650 PINETREE LANE
#301
SARASOTA FL 34236-7758

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

4. FEI Number

59-2267282

Applied For

Not Applicable

Zip

Country

Zip

Country

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 D
NAME BLACK, JANE
STREET ADDRESS 1650 PINETREE LANE #103
CITY-ST-ZIP SARASOTA FL

☐ Delete

TITLE D
NAME BLACK, JANE
STREET ADDRESS
CITY-ST-ZIP

☒ 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
NAME HOPKINS, KATE A
STREET ADDRESS 1650 PINE TREE LANE #104
CITY-ST-ZIP SARASOTA FL

☐ Delete

TITLE VPD
NAME HOPKINS, Kate A.
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D
NAME DOYLE, ANGE 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 STOLMAR, FRANK
STREET ADDRESS 966 S. TUTTLE AVE
CITY-ST-ZIP SARASOTA, FL. 34237

☐ Delete

TITLE D
NAME STOLMAR, FRANK
STREET ADDRESS 966 S. TUTTLE AVE.
CITY-ST-ZIP SARASOTA, FL. 34237

☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)