

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90152 009 ****61.25

DOCUMENT # 731325

1. Entity Name

CONDOMINIUM NUMBER 5 OF BEACON LAKES, INCORPORAT

60073959



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1050 -A LAKE WOODLANDS PKWY OLDSMAR FL 34677 US	Mailing Address 1050 -A LAKE WOODLANDS PKWY OLDSMAR FL 34677 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-1594268	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SCANNAVINO, DOMINICK
 1050-A E LAKE WOODSLAND PKWY
 OLDSMAR FL 34677

7. Name and Address of New Registered Agent

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 _____ (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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, A V 3831 LIGHTHOUSE WAY NEW PORT RICHEY FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CURTIS, RICHARD 4439 CHART COURT NEW PORT RICHEY FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NOACK, BERT 3872 LIGHTHOUSE WAY NEW PORT RICHEY FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YOKICH, GEORGE 4434 CHART COURT NEW PORT RICHEY FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VERDERBER, FRANCIS 4445 PELORUS DR NEW PORT RICHEY FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MINDLIN, JULIUS WAY 3917 LIGHTHOUSE WAY NEW PORT RICHEY, FL 34652	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 Required Pres Date: 4/18/20 Daytime Phone #: 727-848-5255

CR2E037 (9/99)