

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735489

1. Entity Name

MOUNT VERNON CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4701 INDEPENDENCE DR.  
BRADENTON FL 34210-1903

Mailing Address

4701 INDEPENDENCE DR.  
BRADENTON FL 34210-1903

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

59-1699644

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

BECKER & POLIAKOFF, P.A.  
% CHAD MCCLLENATHEN, ESQUIRE  
630 S. ORANGE AVENUE, 3RD FLOOR  
SARASOTA FL 34236

Name

BECKER & POLIAKOFF, P.A.

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

40 LISA WOLINER, ESQUIRE

630 S. ORANGE AVE., 3RD FLOOR

City

SARASOTA

FL

Zip Code

34236

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 DP  
NAME O'BRIEN, THOMAS J  
STREET ADDRESS 4736 INDEPENDENCE DR.  
CITY-ST-ZIP BRADENTON FL 34210 ☒ Delete

TITLE SECRETARY  
NAME FRANCIS FRISK  
STREET ADDRESS 4775 INDEPENDENCE DR.  
CITY-ST-ZIP BRADENTON, FL 34210 ☐ Change ☒ Addition

TITLE 2VP  
NAME LUHRSEN, RAYMOND C  
STREET ADDRESS 9405 CONCORD CR.  
CITY-ST-ZIP BRADENTON FL 34210 ☐ Delete

TITLE DIRECTOR  
NAME ROBERT J. HOURIGAN  
STREET ADDRESS 9502 KINGSTON DR.  
CITY-ST-ZIP BRADENTON, FL 34210 ☐ Change ☒ Addition

TITLE TD  
NAME KARMAN, ART  
STREET ADDRESS 4719 MT. VERNON DR.  
CITY-ST-ZIP BRADENTON FL 34210 ☐ Delete

TITLE TREASURER  
NAME HARMAN, ART  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE DS  
NAME VOTAVA, RITA  
STREET ADDRESS 9507 COLONIAL DR  
CITY-ST-ZIP BRADENTON FL 34210 ☐ Delete

TITLE PRESIDENT  
NAME  
STREET ADDRESS 300004085879--8  
CITY-ST-ZIP -04/30/01--01001--017 ☒ Change ☐ Addition

TITLE D  
NAME HAAS, ELIZABETH L  
STREET ADDRESS 4429 INDEPENDENCE DR  
CITY-ST-ZIP BRADENTON FL 34210 ☒ Delete

TITLE ASSISTANT SECRETARY  
NAME LAURIN STACEY  
STREET ADDRESS 4425 INDEPENDENCE DR.  
CITY-ST-ZIP BRADENTON, FL 34210 ☐ Change ☒ Addition

TITLE D  
NAME DOLBEE, NORMAN E  
STREET ADDRESS 4860 INDEPENDENCE DR.  
CITY-ST-ZIP BRADENTON FL 34210 ☐ Delete

TITLE 1ST VICE PRESIDENT  
NAME  
STREET ADDRESS ☒ 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ART HARMAN, TREASURER

4-11-2001

941-792-0595

Date

Daytime Phone #

CR2E037 (10/00)