

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90138 045 ****61.25

DOCUMENT # 736592

1. Entity Name
CASABLANCA COMMUNITY ASSOCIATION, INC.

Principal Place of Business 10033 9TH ST N ST PETERSBURG FL 33716	Mailing Address 10033 9TH ST N ST PETERSBURG FL 33716
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1737998**

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

KAMPART PROPERTIES, INC.
10033 9TH STREET N.
2ND FLOOR
SAINT PETERSBURG FL 33716-5805

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME D BUHROW, JUDITH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 10033 9TH ST N, 2ND FLOOR	
CITY-ST-ZIP ST. PETE FL 33716	
TITLE NAME PD WHITMAN, BARBARA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 10033 9TH STREET N. 2ND FLOOR	
CITY-ST-ZIP SAINT PETERSBURG FL 33716-3805	
TITLE NAME TD HUMBERG, JACK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 10033 9TH ST N, 2ND FLOOR	
CITY-ST-ZIP ST PETE FL 33716	
TITLE NAME SD AGNES, GALLERIE	<input type="checkbox"/> Delete
STREET ADDRESS 10033 9TH ST N, 2ND FLOOR	
CITY-ST-ZIP ST. PETERSBURG FL 33716	
TITLE NAME DVP DRELLER, ALETTA	<input type="checkbox"/> Delete
STREET ADDRESS 10033 9TH STREET N. 2ND FLOOR	
CITY-ST-ZIP SAINT PETERSBURG FL 33716-3805	
TITLE NAME D AANNIGAN, SUE	<input type="checkbox"/> Delete
STREET ADDRESS 10033 9TH ST. N 2ND FL	
CITY-ST-ZIP SAINT PETERSBURG FL 33716	

TITLE NAME PD Elizabeth Kennedy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 10033 Ninth Street North	
CITY-ST-ZIP St. Petersburg, FL 33716	
TITLE NAME TD Barbara Ranck	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 10033 Ninth Street North	
CITY-ST-ZIP St. Petersburg, FL 33716	
TITLE NAME D Lori Kreisle	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2735 Whitney Road	
CITY-ST-ZIP Clearwater, FL 33760	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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 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: *Barbara Whitman* **BARBARA WHITMAN** 424-2577-2200 727 577-2200

CR2E037 (9/01)