

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90467 038 ****61.25

DOCUMENT # 736863

1. Entity Name

PALM-AIRE AT SARASOTA CONDOMINIUM ASSOCIATION "B"

Principal Place of Business

2055 WOOD ST STE 202
 POB 6165
 SARASOTA FL 34237-7945

Mailing Address

2055 WOOD ST STE 202
 POB 6165
 SARASOTA FL 34237-7945

2. Principal Place of Business

5899 Whitfield Avenue

3. Mailing Address

5899 Whitfield Avenue

Suite, Apt. #, etc.

Suite 107

Suite, Apt. #, etc.

Suite 107

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34243

Country

Manatee

Zip

34243

Country

Manatee

4. FEI Number

59-1747273

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PROPERTY & ACCOUNTING MGNT
 2055 WOOD ST STE 202
 SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name
 Advanced Management of SW FL, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
 5899 Whitfield Avenue, Suite 107
 City Sarasota FL Zip Code 34243

B. 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]

Douglas E. Wilson, Agent 3/16/01

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

TITLE **D** ☐ Delete
 NAME **ALLEGRO, RICHARD**
 STREET ADDRESS **7880 PALM AIRE LANE, SUITE 203**
 CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **DS** ☐ Delete
 NAME **HINKLEMAN, JOHN**
 STREET ADDRESS **5413 PALM AIRE DR**
 CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **VD** ☐ Delete
 NAME **VON STEEN, DONALD**
 STREET ADDRESS **5615 PALM AIRE DR**
 CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **TD** ☐ Delete
 NAME **GURGOLD, JOAN**
 STREET ADDRESS **5524 PALM AIRE DR**
 CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **TD** ☐ Delete
 NAME **CHILDS, WILLIAM**
 STREET ADDRESS **5621 PALM AIRE DR**
 CITY-ST-ZIP **SARASOTA FL 34243**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
 NAME **Alliegro**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **VP D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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:

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

3/16/01

(941) 358-6295

Date

Daytime Phone #

CR2E037 (10/00)