## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # **740585**

**BRADENTON FL 34217** 

Suite, Apt. #, etc.

City & State

Zip

2. Principal Place of Business

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RUNAWAY BAY CONDOMINIU		
Principal Place of Business	Mailing Address	
1801 NORTH GULF DR	P.O. BOX 10674	

**BRADENTON FL 34282** 

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90077 041 \*\*\*\*61.25



☐ CHECK HERE IF MAKING CHANGES

	<del>-</del>	
4. FEI Number 59-1799124	Applied For	
	Not Applicable	

\$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -C & S CG-DOMINIUM MANAGEMENT SERVICES Street Address (P.O. Box Number is Not Acceptable) 4301 32ND ST. W. STE A19 **BRADENTON FL 34208** Zip Code

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

Country

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

DATE

OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD VPD TITLE Delete TITLE Change Addition Banta, Carolyn WALKER, LEWIS NAME NAME 6583 Chesapeake Ron STREET ADDRESS 1801 NORTH GULF DR., UNIT 184 STREET ADDRESS CITY-ST-7IP BRADENTON BEACH FL CITY-ST-7IP Cincinnati OH 45248 TD TITLE Delete TITLE D Change ☐ Addition LENCIONI, LORI NAME Sarino, Frank STREET ADDRESS 6127 SAVOY CR 987 Lone Pine Ct STREET ADDRESS CITY-ST-ZIP **LUTZ FL 33549** CITY-ST-ZIP 5+<u>001</u> Amery いエ TITLE Delete TITLE Change -Addition NAME MCGRATH, FRANK Kappesser, Larry NAME STREET ADDRESS 210 84TH ST 71 Dennison Dr STREET ADDRESS CITY-ST-ZIP **HOLMES BEACH FL 34217** CITY-ST-ZIP Glendale Heights IL 60139 VPD Delete TITLE Change ☐ Addition NAME BAUM, BETTY NAME 1801 GUIF DV N #276 STREET ADDRESS 1801 GULF DR. N., #292 STREET ADDRESS CITY-ST-ZIP **BRADENTON BEACH FL** CITY-ST-ZIP Bradenton Beh PD TITLE ☐ Delete TITLE Addition CARLIN, BILL NAME NAME STREET ADDRESS 1801 N GULF DR STREET ADDRESS CITY-ST-ZIP **BRADENTON BEACH FL 34217** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS 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 REQUIRED William

<u>941-758-9454</u>