

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741806

1. Entity Name

MANGROVE BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2426 BRITANNIA ROAD  
SARASOTA FL 34231

Mailing Address

2426 BRITANNIA ROAD  
SARASOTA FL 34231-4916

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

NOT APPLICABLE

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

Name

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

City

FL

Zip Code

CHAPMAN, ROWLAND

2426 BRITANNIA RD.

SARASOTA FL 34231

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  
NAME

STREET ADDRESS  
CITY-ST-ZIP

PTD  
CHAPMAN, ROWLAND  
2426 BRITANNIA ROAD  
SARASOTA FL

☐ Delete

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

VSD  
CHAPMAN, CAROL F.  
2426 BRITANNIA ROAD  
SARASOTA FL

☐ Delete

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

D  
SHUWAY, ERICK H.  
6360 S. TAMiami TrL.  
SARASOTA FL

☐ Delete

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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STREET ADDRESS  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Rowland Chapman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/00

Date

941-924-8788

Daytime Phone #

CR2E037 (9/99)