

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743480

1. Entity Name

SPINDRIFT CONDOMINIUM ASSOCIATION, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90291 036 ****61.25

Principal Place of Business

Mailing Address

460 BEACH ROAD
 SARASOTA FL 34242
 US

200 S. WASHINGTON BLVD.
 SUITE 4
 SARASOTA FL 34236-6957
 US

2. Principal Place of Business

MA-CON, INC.
 2198 Princeton St., #20
 Sarasota, FL 34237

3. Mailing Address

MA-CON, INC.
 2198 Princeton St., #20
 Sarasota, FL 34237



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2196657

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

WEIL, WARREN
 C/O MA-CON, INC.
 200 S. WASHINGTON BLVD., SUITE 4
 SARASOTA FL 34236

Name

Warren Weil

MA-CON, INC.
 2198 Princeton St., #20
 Sarasota, FL 34237

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered

idea.

SIGNATURE

Warren Weil

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/00

**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 Delete
 NAME TD
 HUDSON, TRAMMELL
 STREET ADDRESS 1418 LADUE LANE
 CITY-ST-ZIP SARASOTA FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME VPD
 GAGNON, MARIE
 STREET ADDRESS 460 BCH RD A-2
 CITY-ST-ZIP SARASOTA FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME PD
 WILSON, NANCY
 STREET ADDRESS 1830 STRATFORDS DR
 CITY-ST-ZIP OWENSBORO KY

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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:

Nancy Wilson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00
 Date

941-366-8480
 Daytime Phone #

CR2E037 (9/99)