

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745995

1. Entity Name

NORTH BAY VILLAGE CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90088 003 ****61.25

Principal Place of Business 6313 NEWTOWN CIRCLE 552 MAIN ST TAMPA FL 33615 US	Mailing Address C/O RAMPART PROPERTIES, INC 10033 9TH ST N 2ND FL ST PETERSBURG FL 33716-3804 US
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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 59-1975321	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATRICIA LERNER, ESQUIRE
420 W. PLATT ST
TAMPA FL 33606

7. Name and Address of New Registered Agent

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 _____
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	T	<input type="checkbox"/> Delete
NAME	HECKMAN, DOROTHY	
STREET ADDRESS	10033 9TH ST N 2ND FL	
CITY-ST-ZIP	ST. PETE FL 33716	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DOBBIE, JEANNE	
STREET ADDRESS	10033 9TH ST N 2ND FL	
CITY-ST-ZIP	ST. PETE FL 33716	
TITLE	VP	<input type="checkbox"/> Delete
NAME	REEKER, BETTY	
STREET ADDRESS	10033 9TH ST N 2ND FL	
CITY-ST-ZIP	ST. PETE FL 33716	
TITLE	D P	<input type="checkbox"/> Delete
NAME	GILVEN, BEN	
STREET ADDRESS	10033 9TH ST N 2ND FL	
CITY-ST-ZIP	ST. PETE FL 33716-3805	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUDOLPH, CANDY	
STREET ADDRESS	10033 9TH ST N 2ND FL	
CITY-ST-ZIP	ST PETE FL 33716	
TITLE	DS	<input type="checkbox"/> Delete
NAME	QUIGLEY, MICHELLE	
STREET ADDRESS	10033 9TH ST N 2ND FL	
CITY-ST-ZIP	ST PETE FL 33716	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Monahan, Dale	
STREET ADDRESS	10033 9th Street North	
CITY-ST-ZIP	St. Petersburg, FL 33716	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gore, Debbie	
STREET ADDRESS	10033 9th Street North	
CITY-ST-ZIP	St. Petersburg, FL 33716	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Klemmer, Ray	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Watson, Gerry	
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: *Patricia Lerner*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

818
 8/MAR/2000 855-4063
 Date Daytime Phone #

CR2E037 (9/99)