

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90132 049 ****61.25

DOCUMENT # 748350

1. Entity Name

KEY MANOR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

% RESOURCE PROPERTY MGMT.
5901 SUN BLVD., STE 200
ST PETERSBURG FL 33715
US

Mailing Address

% RESOURCE PROPERTY MGMT.
5901 SUN BLVD., STE 200
ST PETERSBURG FL 33715
US

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 **59-2021280**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

RESOURCE PROPERTY MANAGEMENT
5901 SUN BLVD., STE 200
ST PETERSBURG FL 33715

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCANLESS, WALT	
STREET ADDRESS	3123 29 AVE N B207	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	
TITLE	S	<input type="checkbox"/> Delete
NAME	VANCE, HARRY	
STREET ADDRESS	131 MIDDLE NINE MILE RD	
CITY-ST-ZIP	SOUTHSIDE WV 25187	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CHAPMAN, MARY	
STREET ADDRESS	3121 28 AVE N F103	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	GAYLE BARNES	
STREET ADDRESS	3120 29 AVE NORTH E101	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	METCALF, CHARLES	
STREET ADDRESS	3123 29 AVE NORTH B101	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bryan L. Wishard	
STREET ADDRESS	3147 29th Ave North E205	
CITY-ST-ZIP	St. Petersburg, FL 33713	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robinda M. Moka	
STREET ADDRESS	3143 28th Ave North #107	
CITY-ST-ZIP	St. Petersburg, FL 33713	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim Barnes	
STREET ADDRESS	3120 29th Ave North E101	
CITY-ST-ZIP	St. Petersburg, FL 33713	
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		
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]

2/24/03 (727)546-2913

CR2E037 (10/02)