2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

th all other like empowered.

FILED Feb 08, 2001 8:00 am Secretary of State **DOCUMENT # 748694** 1. Entity Name REDINGTON PLACE CONDOMINIUM ASSOCIATION, INC. 02-08-2001 90378 020 ****61.25 Principal Place of Business Mailing Address 103 SW CLEVELAND AVE 16330 GULF BLVD OIZJOL. **LARGO FL 33770** REDINGTON BCH FL 33708 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1974488 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Keinhardt, Debra Street Address (P.O. Box Number is Not Acceptable) REINHARDT, ROBERT % RESOURCE PROPERTY MANAGEMENT 103 SW CLEVELAND AVE Zip Code City **LARGO FL 33770** 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Pavable to 9. Election Campaign Financing FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition Change Change Delete TITLE TITLE NAME NAME HARVEY, CHARLES STREET ADDRESS STREET ADDRESS 3301 BAYSHORE BLVD., #1002 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL **Addition** Change D **X** Delete TITLE TITLE Saving Nicholas NAME **NELSON, ROBT** NAME 73 Bereridge Rd. STREET ADDRESS STREET ADDRESS 1201 5TH AVE N #207 Mahwah, NJ 07430 CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG. FL --X Change ☐ Addition ☐ Delete TITLE TITLE **GAYOSO, ANTONIO** NAME NAME STREET ADDRESS STREET ADDRESS 2656 ELLEN ROAD CITY-ST-ZIP CITY-ST-ZIP BELLEMORE NY (X) Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME LABARBERA, JOE STREET ADDRESS STREET ADDRESS 2279 SEMINOLE BCH. RD #4 CITY-ST-ZIP CITY-ST-ZIP ATLANTIC BCH. FL ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME FLEMING, JOHN NAME STREET ADDRESS STREET ADDRESS 3038 WISTER CIRCLE CITY-ST-ZIP CITY-ST-ZIP VALRICO FL Change ☐ Addition ☐ Delete TITLE TITLE SCHUYLER, MIKE NAME NAME STREET ADDRESS STREET ADDRESS 13524 LAKE MAGDALENE CITY-ST-ZIP **TAMPA FL 33613** 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

Daytime Phone #

D Heideman, Gerald 16330 Gulf Blvd. #303 Redington Beach, FL 33708 ☑ Addition

#1486**94** 812981