

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90019 040 \*\*\*\*61.25

**DOCUMENT # 758981**

1. Entity Name

**LE SCAMPI CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

19010 GULF BLVD  
 INDIAN SHORES FL 33785

Mailing Address

837 DEVILLE DR  
 LARGO FL 34479-3058

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

40 SAILWINDS PROP. MGMT. INC.

1583 S. BELCHER RD. #B

CLEARWATER FL ?

33764

PINELLAS



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3109095

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MEWHIRTER, JACK**  
 19010 GULF BLVD  
 #103  
 INDIAN SHORES FL 33785

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	PD	<input type="checkbox"/> Delete
NAME	MEWHIRTER, JACK A.	
STREET ADDRESS	19010 GULF BLVD #103	
CITY-ST-ZIP	INDIAN SHORES FL 33785	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RUZZO, SHERRY DE	
STREET ADDRESS	19010 GULF BLVD. #203	
CITY-ST-ZIP	INDIAN SHORES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CRUTTENDEN, ARLEN	
STREET ADDRESS	4410 ESTRELLA ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WALTERS, ESTHER	
STREET ADDRESS	19010 GULF BLVD. #101	
CITY-ST-ZIP	INDIAN SHORES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHERMAN, TONI	
STREET ADDRESS	7944 JAYWOOD RD. N.	
CITY-ST-ZIP	SEMINOLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID RESTALL	
STREET ADDRESS	4113 W. MORRISON AVENUE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33629	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33785	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33777	
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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00  
 Date

(927) 536-7468  
 Daytime Phone #

CRP0907 (01/00)