

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90082 012 ****61.25

0083/10

DOCUMENT # 758981

1. Entity Name

LE SCAMPI CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

19010 GULF BLVD
 INDIAN SHORES FL 33785

Mailing Address

C/O SAILWINDS PROP. MGMT. INC.
 1583 S. BELCHER RD. #8
 CLEARWATER FL 33764

939509



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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
First Choice Association Management
 Street Address (P.O. Box Number is Not Acceptable)
3440 East Lake Rd, Suite 106
 City
Palm Harbor FL Zip Code
34685

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

[Handwritten Signature]

3/27/01

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 NAME STREET ADDRESS CITY-ST-ZIP | PD MEWHIRTER, JACK A. 19010 GULF BLVD #103 INDIAN SHORES FL 33785 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD RESTALL, DAVID 4113 W. MORRISON AVE. TAMPA FL 33629 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD CRUTTENDEN, ARLEN 4410 ESTRELLA ST. TAMPA FL 33629 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WALTERS, ESTHER 19010 GULF BLVD. #101 INDIAN ROCKS BEACH FL 33785 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHERMAN, TONI 7944 JAYWOOD RD. N. SEMINOLE FL 33777 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>DeLuzo, Jerry</i> 19010 Gulf Blvd. #203 Indian Rocks Beach, FL 33785 | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

[Handwritten Signature] **REQUIRED**

3/27/01 785-8887

OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)