

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-01-2000 90461 049 ****61.25

DOCUMENT # 762034
 1. Entity Name
SAN TERRA DEVELOPMENT CONDOMINIUM ASSOCIATION, I

Principal Place of Business Mailing Address
5530 1ST AVE N **P.O. BOX 47068**
ST PETERSBURG FL 33710 **ST PETERSBURG FL 33743-7068**
US **US**



DO NOT WRITE IN THIS SPACE

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 Applied For
59-2154094 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

CONDOMINIUM MANAGEMENT GROUP & DEBRA LISHE
5530 1ST AVE N
ST PETERSBURG FL 33110

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAYLES, MARVIN	NAME	
STREET ADDRESS	936 PINELLAS BAYWAY, PH #3	STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEE, RICHARD	NAME	
STREET ADDRESS	936 PINELLAS BAYWAY, TH#12	STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARD, KAREN	NAME	
STREET ADDRESS	936 PINELLAS BAYWAY #PH-2	STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL 33715	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Bartell, Fred
STREET ADDRESS		STREET ADDRESS	936 Pinellas Bayway -PH1
CITY-ST-ZIP		CITY-ST-ZIP	Tierra Verde, FL 33715
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Buzzard, John
STREET ADDRESS		STREET ADDRESS	936 Pinellas Bayway -TH1
CITY-ST-ZIP		CITY-ST-ZIP	Tierra Verde, FL 33715
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Marvin Bayles* Date: _____ Daytime Phone #: **727-381-1717**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)