

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00258

1. Entity Name

WASHINGTON SQUARE TOWNHOMES CONDOMINIUM ASSOCIAT

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90001 019 \*\*\*\*61.25

Principal Place of Business

Mailing Address

115 S. DALE MABRY HWY  
SUITE 300  
TAMPA FL 33609  
US

115 S DALE MABRY HWY  
SUITE 300  
TAMPA FL 33609-2845  
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

59-2374584

Applied For

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

UNIQUE PROPERTY SERVICE, INC.  
115 S. DALE MABRY HWY  
SUITE 300  
TAMPA FL 33609

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☒ Delete  
NAME TREAT, SARA ANN F.  
STREET ADDRESS 5116 C TEMPLE HGTS RD.  
CITY-ST-ZIP TAMPA FL

TITLE Secretary ☒ Change ☐ Addition  
NAME Linda Ropiza  
STREET ADDRESS 6609 Jennifer DR  
CITY-ST-ZIP Temple Terrace, FL 33617

TITLE PD ☐ Delete  
NAME MEMORY, JUDY  
STREET ADDRESS 5122 A TEMPLE HEIGHTS RD  
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME WILLIAMS, KENETH P  
STREET ADDRESS 5116 B TEMPLE HTS RD  
CITY-ST-ZIP TAMPA FL 33617

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DVP ☐ Delete  
NAME RIGGLE, THOMAS L  
STREET ADDRESS 5118 D TEMPLE HEIGHTS RD  
CITY-ST-ZIP TAMPA FL 33617

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME WILLIAMS, WILLIAM  
STREET ADDRESS 5120 A TEMPLE HTS RD  
CITY-ST-ZIP TAMPA FL 33617

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/98)