

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State
 05-07-2001 90004 029 ****61.25

DOCUMENT # N01510
 1. Entity Name
BECKMAN LAKES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
3845 ALLENWOOD STREET **3845 ALLENWOOD STREET**
SARASOTA FL 34232 **SARASOTA FL 34232**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Condominium Management, Inc. *Condominium Management, Inc.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
1801 Glengary St. **1801 Glengary St.**
 City & State City & State
Sarasota, FL **Sarasota, FL**
 Zip Country Zip Country
34231-3603 **USA** **34231-3603** **USA**

4. FEI Number Applied For
59-2631586 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BECKER & POLIAKOFF, PA
MCCLLENATHEN, CHAD M ESQ
630 S ORANGE VE
SARASOTA FL 34236

7. Name and Address of New Registered Agent
 Name
Condominium Management, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
1801 Glengary Street
 City State Zip Code
Sarasota **FL** **34231-3603**

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: *P. Richard Clark* **P. Richard Clark** **4/26/01**
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	VPD FELDMAN, AAREN <input type="checkbox"/> Delete 4524 HIDDEN VIEW PLACE SARASOTA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUEBNER, THOMAS <input type="checkbox"/> Delete 3844 PRAIRIE DUNES DRIVE SARASOTA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD HUEBNER, KIMBERLY <input type="checkbox"/> Delete 3844 PRAIRIE DUNES DRIVE SARASOTA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APISDORF, JUNE <input type="checkbox"/> Delete 2425 GULF OF MEXICO DR, #13A LONGBOAT KEY FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAVO, TOM <input type="checkbox"/> Delete 4523 WINSTON LANE N. SARASOTA FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
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
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 checked="" type="checkbox"/> Addition

**AS
CLARK, P. RICHARD**
1801 GLENGARY STREET
SARASOTA, FL 34231-3603

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: *P. Richard Clark* **P. Richard Clark** **4/26/01** **941-921-5393**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)