

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90212 048 ****61.25

DOCUMENT # N02000006842

1. Entity Name
FRUITVILLE OFFICE PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
766 A HUDSON ST 766 A HUDSON ST
SARASOTA FL 34236 SARASOTA FL 34236

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For
16-1630015 Not Applicable

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

6. Name and Address of Current Registered Agent

VAN WINKLE, MARY E
2815 PROCTOR RD
SARASOTA FL 34231

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. I am familiar with, and accept the obligations of registered agent.

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 Florida 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 | SEWELL, E LARRY | NAME | |
| STREET ADDRESS | 766 A HUDSON ST | STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL 34236 | CITY-ST-ZIP | |
| TITLE | VDS <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILSON, CHARLES H | NAME | |
| STREET ADDRESS | 1945 17TH ST | STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL 34234 | CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOORE, S WILLIAM | NAME | |
| STREET ADDRESS | 100 WALLACE AVE STE 310 | STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL 34236 | CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAWKINS, MICHAEL W | NAME | |
| STREET ADDRESS | 330 S PINEAPPLE AVE | STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL 34236 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YAHRAUS, ROY A | NAME | |
| STREET ADDRESS | 4057 REDBIRD CIR | STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL 34231 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STRELEC, FRANK | NAME | |
| STREET ADDRESS | 200 S ORANGE AVE | STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL 34236 | 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:  2/12/03 941-365-5111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)