FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2001 8:00 am Secretary of State DOCUMENT # **N07042** 1. Entity Name 04-16-2001 90063 041 ****61.25 RIGGS LANDING CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1762 BAY STREET 1762 BAY STREET SARASOTA FL 34236 SARASOTA FL 34236 20 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2561631 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Rebecca F. Stokes Street Address (P.O. Box Number is Not Acceptable) 3053 51st Street LOBECK, DANIEL J 2063 MAIN STREET SUITE 101 Zip Code 234 SARASOTA FL 34237 Sarasota FL 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. Rebecca F. Stokes (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE ☐ Addition TITLE Delete HANS ITA NAME NAME STREET ADDRESS 1762 BAY STREET, #402 STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE LLOYD M. SMITH NAME NAME 1762 BAY ST. APT. #201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP ۷D ٧D Change ☐ Addition TITLE **▼** Delete TITLE PETRICK, EDWARD J. SAM STIPP NAME NAME 1762 BAY ST. APT 403 1762 BAY ST, APT 303 STREET ADDRESS STREET ADDRESS SARASOTA FL 34236 CITY-ST-7IP SARASOTA FL 134C CITY-ST-7IP 🔀 Change TITI F Delete TITLE ☐ Addition NAME SALSBURG, BARBARA NAME CUNNINGHAM, JOSEPHINE STREET ADDRESS 1762 BAY ST APT 301 STREET ADDRESS 1762 BAY ST. APT, 203 CITY-ST-7IP CITY-ST-7IP SARASOTA FL 34236 SARASOTA FL 34236 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ 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

SIGNATURE: HOUST WE HOUSE HOUSE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DIRECT

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.