

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90177 022 ****61.25

DOCUMENT # N07645

1. Entity Name

NOKOMIS BAYSHORE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

109 BAYSHORE RD
 STE 11
 NOKOMIS FL 34275
 US

C/O KEYS-CLADWELL INC
 250 TAMPA AVE W
 VENICE FL 34285
 US

2. Principal Place of Business

2477 Stickney Pt Rd.

3. Mailing Address

Argus Property Mgr

Suite, Apt. #, etc.

Suite 118A

Suite, Apt. #, etc.

P.O. Box 25065

City & State

Sarasota FL

City & State

Sarasota FL

4. FEI Number

59-2644938

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEYS - CALDWELL, INC.
 250 TAMPA AVENUE WEST
 VENICE FL 34285

7. Name and Address of New Registered Agent

Name Argus Property Management

Street Address (P.O. Box Number is Not Acceptable)

2477 Stickney Pt. Road

Suite 118A

City

Sarasota

FL

Zip Code

34231

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

Vincent Campbell Vincent CAMPBELL

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/11/2001

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	PD	<input checked="" type="checkbox"/> Delete
NAME	FOX, ELLEN	
STREET ADDRESS	109 BAYSHORE RD #7	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MILLS, CINDA	
STREET ADDRESS	4305 SUNNILAND ST	
CITY-ST-ZIP	SARASOTA FL 34223	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SMITH, JOHN	
STREET ADDRESS	109 BAYSHORE RD #1	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bourbeau, John	
STREET ADDRESS	109 Bayshore Rd #2	
CITY-ST-ZIP	Nokomis FL 34275	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Holden, Robert	
STREET ADDRESS	109 Bayshore Rd #6	
CITY-ST-ZIP	Nokomis FL 34275	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, John	
STREET ADDRESS	109 Bayshore Rd #1	
CITY-ST-ZIP	Nokomis FL 34275	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

John D. Smith **John D. Smith** 4/11/01 941-331-8954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E087 (10/00)