

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90042 047 ****61.25

DOCUMENT # N12753

1. Entity Name

SHOREWALK CONDOMINIUM ASSOCIATION OF MANATEE COUNTY, INC.

Principal Place of Business

Mailing Address

C&S CONDO. MGMT. SERVICES, INC.
4301 32ND ST. W., STE. A19
BRADENTON FL 34205
US

C&S CONDO. MGMT. SERVICES, INC.
4301 32ND ST. W., STE. A19
BRADENTON FL 34205
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

59-2673319

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C&S CONDOMINIUM MGMT. SERVICES, INC.
4301 32ND ST. W., STE. A19
BRADENTON FL 34205

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	PD	<input type="checkbox"/> Delete
NAME	BOVIN, RICHARD	
STREET ADDRESS	5226 CORTEZ RD. W #104	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FLETCHER, ROBERT	
STREET ADDRESS	241 KENNEDY LANE W	
CITY-ST-ZIP	ORLEANS ONTARIO CA K1-E1G5	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PETRELLI, PHIL	
STREET ADDRESS	98 LAFLECHE	
CITY-ST-ZIP	GALINEAU QUEBEC CA J8-T727	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHANK, RON	
STREET ADDRESS	2000 PLEAGENT ST #1002	
CITY-ST-ZIP	SODBURY ONTARIO CA P3-EST5	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, ROBERT	
STREET ADDRESS	549 LAVIGNE	
CITY-ST-ZIP	GALINEAU QUEBEC CA J8-P355	
TITLE		<input type="checkbox"/> Delete
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Bovin

03-12-02

941-739-5792

Date

Daytime Phone #

CR2E037 (9/01)