2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # N20437** Feb 24, 2000 8:00 am 1. Entity Name **Secretary of State** VISTA VERDE WEST CONDOMINIUM ASSOCIATION, INC. 02-24-2000 90067 031 ****61.25 Mailing Address Principal Place of Business 6025 SUN BLVD 6053 BAHIA DEL MAR CIR ST PETERSBURG FL 33715 ERBURG FL 33715-1101 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 200 Applied For 4. FEI Number City & State 59-295 1448 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Dorøthy THOMAS: 6025 SUN BLYD SUITE 202 ST PETERBURG FL 33715 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printe Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. \Box Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. CR2E037 (9/99) TITLE ☐ Change **VPD** TITLE NAME NAME SHELL, JOHN STREET ADDRESS STREET ADDRESS 6100 BAHIA DEL MAR CR #201 CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33715 D TITLE TITLE NAME LOGUE, MIKE STREET ADDRESS STREET ADDRESS 6050 BAHIA DEL MAR CR #117 CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33715 Change Addition ☐ Delete TITLE TD TITLE NAME DAVIS, FRANK NAME STREET ADDRESS STREET ADDRESS 6100 BAHIA DEL MAR CIR, UNIT 207 CITY-ST-ZIP CITY-ST-7IP ST PETERSBURG FL Addition Change TITLE SD TITLE NAME NAME BUTTERS, DALE STREET ADDRESS STREET ADDRESS 5900 BAHIA DEL MAR CR #140 CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33715 **X** Addition TITLE NAME NAME COHEN, MORRIS STREET ADDRESS STREET ADDRESS 6000 BAHIA DEL MAR CIR, 129 CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL ☐ Addition TITLE ☐ Delete 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 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

Daytime Phone #

Date

with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address