

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

FILED
May 27, 2005 8:00 am
Secretary of State

05-27-2005 90023 040 ****61.25

DOCUMENT # N24731	
1. Entity Name WARM MINERAL SPRINGS CIVIC ASSN, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12125 WARM MIN. SPR. DRIVE Suite, Apt. #, etc.	3. Mailing Address 313 GRANADA BLVD. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State WARM MINERAL SPRINGS FL	City & State WARM MINERAL SPRINGS FL.	4. FEI Number 65-0093860	Applied For ☐ Not Applicable
Zip 34287	Country U.S.A.	Zip 34287-1212	Country U.S.A.
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **JOSEPH KANIZAJ DIRECTOR**
Street Address (P.O. Box Number is Not Acceptable)
234 SAN MARCO
WARM MINERAL SPRINGS
City **FL** Zip Code **34287**

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 **RETAINED AGENT**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAM H. STROBL 313 GRANADA BLVD. WARM MINERAL SPRINGS FL. 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NICK FINGERHUT 12317 ALTAMIRA WARM MINERAL SPRINGS FL. 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D ERNST KNAPP 5379 BARLOW TER. NORTH PORT FL. 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SYLVIA WALTER 12312 SUAREZ WARM MINERAL SPRINGS FL. 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARL JAROS 219 SAN JUAN DRIVE WARM MINERAL SPRINGS FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/SEC. SHIRLEY WECKER 6834 AMOCO NORTH PORT FL. 34287

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Adam H. Strobl** **ADAM H. STROBL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/05 941-426-5116
Date/Phone #

CR2E037B (12/02)