

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

05-07-2002 90270 039 ****61.25
N28220

DOCUMENT # N28220

1. Entity Name

AVONDALE RESIDENTS ASSOCIATION, INC.

02 SEP 12 PM 1:32

Principal Place of Business

Mailing Address

NICHOLSON, GEORGIA
1839 ALTA VISTA ST.
SARASOTA FL 34236
US

NICHOLSON, GEORGIA
1839 ALTA VISTA ST.
SARASOTA FL 34236
US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

1950 Alta Vista St.

Suite, Apt. #, etc.

3. Mailing Address

1950 Alta Vista St.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

65-0070732

Applied For

Not Applicable

Zip 34236

Country USA

Zip 34236

Country USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NICHOLSON, GEORGIA
1839 ALTA VISTA ST.
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

Liz Coursen

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

1950 Alta Vista Street

City

Sarasota

FL

Zip Code

34236

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

Elizabeth H. Coursen

Signature (Type) or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/02

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	P	☒ Delete
NAME	NICHOLSON, GEORGIA	
STREET ADDRESS	1839 ALTA VISTA ST.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	☒ Delete
NAME	PATTEN, ROBERT	
STREET ADDRESS	1862 ALTA VISTA ST.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	T	☒ Delete
NAME	FRANCES, MERLNICK	
STREET ADDRESS	1931 IRVING ST.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	☒ Delete
NAME	TOALE, JAMES	
STREET ADDRESS	LINCOLN DR.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	☒ Delete
NAME	PETERS, CHARESE	
STREET ADDRESS	1839 BAHIA VISTA ST.	
CITY-ST-ZIP	SARASOTA FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Liz Coursen - P	☒ Change ☐ Addition
NAME	1950 Alta Vista Street	
STREET ADDRESS	Sarasota, FL. 34236	
CITY-ST-ZIP		
TITLE	VP/D	☒ Change ☐ Addition
NAME	Dotie Schell	
STREET ADDRESS	1961 Lincoln	
CITY-ST-ZIP	Sarasota, FL. 34236	
TITLE	Cheryl Timmins	☒ Change ☐ Addition
NAME	1826 Alta Vista Street	
STREET ADDRESS	Sarasota, FL. 34236	
CITY-ST-ZIP		
TITLE	S/D	☒ Change ☐ Addition
NAME	Lois Schneider	
STREET ADDRESS	1815 Irving Street	
CITY-ST-ZIP	Sarasota, FL. 34236	
TITLE	Jane Stutsman	☒ Change ☐ Addition
NAME	1033 S. Osprey Avenue	
STREET ADDRESS	Sarasota, FL. 34236	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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:

Cheryl Timmins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 (941)383-6411
Date Daytime Phone #