

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90090 025 \*\*\*\*61.25

**DOCUMENT # N45813**

1. Entity Name

**THE VILLAGE AT BEEKMAN PLACE HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**4301 32ND STREET W., A19  
 BRADENTON FL 34205**

**4301 32ND STREET W., A19  
 BRADENTON FL 34205**

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 **65-0315742**

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 CONDO MGMT SERVICES, INC.  
 4301 32ND STREET W., 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	MILLER, BOB	
STREET ADDRESS	4318 EDENROSE	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KUSHEL, ROGER	
STREET ADDRESS	4388 EDENBRIDGE CR	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ALGNER, MARY	
STREET ADDRESS	3338 YOUNG AVE	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KAUFMAN, PAUL	
STREET ADDRESS	4303 BEEKMAN PLACE	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	D	<input type="checkbox"/> Delete
NAME	RANKIN, LEE	
STREET ADDRESS	4371 EDENBRIDGE CT	
CITY-ST-ZIP	SARASOTA FL 34237	
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	Roger Kunkel	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sharon Stewart	
STREET ADDRESS	3330 Yonge Ave	
CITY-ST-ZIP	Sarasota, FL 34237	
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: *Robert A. Miller*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-02 941-359-2828  
 Date Daytime Phone #

CR2E037 (9/01)