## **2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N9400002624



## **FILED** Jan 08, 2003 8:00 am Secretary of State

1. Entity Name CATTLEMEN CENTER CONDOMINIUM ASSOCIATION, INC.					01-08-2003 90084 034 ****61.25			
Principal Pla 999 CATTLEM UNIT F SARASOTA FL US		Mailing Address 4047 E: ROBIN HOOD TRL SARASOTA FL 34232-2842 US		; MANUAL BIO.	1914 1410 1 11111 1 1811 1 1811 1 1811 1 1			
2. Principal I	Place of Business	3. Mailing Address	19 5-					
Suite, Apt ルルィ	· #, etc. T	Suite, Apt. #, etc.		<u> </u>	CHECK HERE IF MAKING	G CHANGES	3	
City & Sta	te	Sakaso A	Ė	4. FEI Number 6	5-0536403		pplied For ot Applicable	-
Zip	Country	34234-3107	Country	5. Certificate of S		\$8.75 Ad Fee Require		
	6. Name and Address of Current	Registered Agent (	Mana	7. Name and Ad	dress of New Registered	Agent		4
4647-F	te, dennis <del>Robin Hood-tr</del> l <del>Ta fl 94292-2648</del>		Street A	Address (P.O. Box Number is	not Moceptable)			
			Civ	MRASOTA	FL	3000	<u>1</u> 24	1
8. The above	e named entity submits this statement fo tions of registered agent.	r the purpose of changing its re	gistered office o	or registered agent, or both, in	the State of Florida. I am	familiar with,	and accept	1
SIGNATURE	Henry Page	eth			1/3/	03		
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Agent signa	ture required when reinstating)	/ DATE			
U	FILE NOW: FEE IS \$61.25	9. Election Camp Trust Fund Cor		\$5.00 May Be Added to Fees	Make Chec Florida Depar			
10.	OFFICERS AND DIE	RECTORS	11,	ADDITIONS/CHANG	I SES TO OFFICERS AND DI	RECTORS IN	V 10	-
TITLE	VPD	☐ Delete	TITLE			☐ Change	☐ Addition	3
NAME	RAGAN, RANDALL R		NAME					10/
STREET ADDRESS CITY-ST-ZIP	999 D CATTLEMEN RD SARASOTA FL		STREET ADDRESS CITY-ST-ZIP					15
TITLE	STD STD	□ Delete			1	CA Observe	- Addition	120
NAME	PAQUETTE, DENNIS	☐ Delete	TITLE NAME	1	<b>/</b>	<b>Change</b>	☐ Addition	6
STREET ADDRESS	4647 E. ROBIN HOOD TRL	<i>,</i>	STREET ADDRESS	2315 534	~ 74	_		
CITY-ST-ZIP	SARASOTA-FL 34232-2642-		CITY-ST-ZIP	SARASOTA	1 FL 3423	34-36	5/7	
TITLE	PD	☐ Delete	TITLE	SARASOTA PD EISENHANN 999 G CAT SARASOTA	~	Change	Addition	1
NAME	EISENMANN, DAVIS		NAME	EISENHAUN	DAVID			
STREET ADDRESS CITY-ST-ZIP	999 CATTLEMEN RD		STREET ADDRESS CITY-ST-ZIP	1999 G CAT	TLEMEN KI	יי אר	c	
	SARASOTA FL 34232-2849	——————————————————————————————————————		SHRASOTA	FL 34272	<del>28 4</del>	<del>[</del>	-
ritle Name		☐ Delete	TITLE NAME			∐ Change	Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE		<del>.</del>	☐ Change	☐ Addition	1
NAME			NAME			_ ,		
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CfTY-ST-ZIP	<u> </u>				
'ITLE IAME		☐ Delete	TITLE .			Change	☐ Addition	
er with.			NAME	I				1
TREET ADDRESS			STREET ADDRESS					

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 a 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 an other like empowered.

CITY-ST-ZIP

**SIGNATURE:** 

DENDIS AQUETT 1/3/03