

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State

08-20-2001 90069 024 ****61.25

0014395

DOCUMENT # N98000004380

1. Entity Name
LIBRARY MEWS ON THE SQUARE HOMEOWNERS ASSOCIATIO

Principal Place of Business 290 COCOANUT AVENUE SARASOTA FL 34236	Mailing Address 290 COCOANUT AVENUE SARASOTA FL 34236
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0893659		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BECKER & POLJAKOFF, P.A. 630 S. ORANGE AVENUE SARASOTA FL 34236		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME PD RIVERS, RONALD D STREET ADDRESS 290 COCOANUT AVENUE CITY-ST-ZIP SARASOTA FL 34236	<input checked="" type="checkbox"/> Delete	TITLE NAME PD BERNARD GAILLET STREET ADDRESS 200 COCOANUT AVE. #11 CITY-ST-ZIP SARASOTA, FL. 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME VPSD RIVERS, CHARLES F STREET ADDRESS 290 COCOANUT AVENUE CITY-ST-ZIP SARASOTA FL 34236	<input checked="" type="checkbox"/> Delete	TITLE NAME JPTD RICHARD GARCIA STREET ADDRESS 200 COCOANUT AVE. #1 CITY-ST-ZIP SARASOTA, FL. 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME TD MARSDEN, DON R STREET ADDRESS 290 COCOANUT AVENUE CITY-ST-ZIP SARASOTA FL 34236	<input checked="" type="checkbox"/> Delete	TITLE NAME SD JOHN MICHELI STREET ADDRESS 200 COCOANUT AVE. #10 CITY-ST-ZIP SARASOTA, FL. 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ SIGNATURE REQUIRED
 Date: 8/15/01 Davina Phone #: 941-351-4442

CR2E037 (5/01)