## 2003 NOT-FOR-PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N9900003113 1. Entity Name



**FILED** Apr 14, 2003 8:00 am § Secretary of State

04-14-2003 90209 042 \*\*\*\*61.25

	ages of North Redingto Cowners association, inc		DA						
Principal Plac	e of Business	Mailing Address							
139 SHOALS CIRCLE N. REDINGTON BEACH FL 33708		139 SHOALS CIRCLE N. REDINGTON BEACH FL 33708							
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2. Principal F	Place of Business	3. Mailing Address	<del></del>						
					8119 19111 88111 88111 89111 BAIL BBILL B	CICK HEAT HADE L	1000		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & Stat	e	City & State	LAS ON THE SOUTH	4. FEI Number 5	9-3577771	<del> </del>	pplied For ot Applicable	-	
Zip	Country	Zip	Country	5. Certificate of S	tatus Desired	\$8.75 Ad	ditional	1	
····	6. Name and Address of Current	Registered Agent		7. Name and Add	dress of New Registered	<u>-</u>	·	1	
				Name					
FRAYD, MICHAEL DR Froyd			Street Add	Street Address (P.O. Box Number is Not Acceptable)					
	IALS CIRCLE RIDINGTON BEACH FL 33708	•						$\frac{1}{2}$	
NORIH	NUMBERON PE 33/00		City			Zip Coo		1	
		<del></del>			F!	<u>- L </u>		]	
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered office or re	egistered agent, or both, in	the State of Florida. I am	familiar with,	and accept		
· ·	1 1 1	015		)	4/ 9	~ 7			
SIGNATURE	Mul				4-9-	<u>೮ಎ                                    </u>			
-	Signature, typed or printed name of registered agent	and the il applicable. (NOT	E: Registered Agent signature	required when reinstating)	DATE			-	
	FILE NOW, ETE IO 604 DE	9. Election Car	npaign Financing	\$5.00 May Be	Make Chec	k Pavable	to		
ا لا	FILE NOW: FEE IS \$61.25	Trust Fund C	· • —	Added to Fees	¥				
10.	OFFICERS AND DIF	FCTORS	T 44	ADDITIONS (CLIANIC	ES TO OFFICERS AND D	IDECTOROS.	1.10	(	
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NAME	FROYD, MICHAEL	- Delicie	NAME			e onungu		10/02	
STREET ADDRESS	135 SHOALS CIRCLE	7	STREET ADDRESS	-> 5 que				127	
CITY-ST-ZIP	N. REDINGTON BEACH FL 33708		CITY-ST-ZIP	1.4.5				0.00	
TITLE NAME	VD POTTERBIN JILL	Delete -	TITLE	VD	<del></del>	Change	☐ Addition	6	
STREET ADDRESS	101 SHOALS CIRCLE	3 · · · · · · · · · · · · · · · · · · ·	STREET ADDRESS	Gayle Yi	40414ES				
CITY-ST-ZIP	M. REDINGTON BEACH FL 33708	<u>ر</u>	CITY-ST-ZIP	N. Redini	tou Behi	<u>-Z 33</u>	708		
TITLE	STD	4 Delete	TITLE	50. 21°		Change	☐ Addition		
NAME STREET ADDRESS	SINCLAIR, MONICA	•	NAME STREET ADDRESS	Jill Poter	619			ļ	
CITY-ST-ZIP	115 SHOALS CIRCLE N-REDINGTON BEACH FL 33708	•	CITY-ST-ZIP	Jill Poter 191 Shoals	on so I =	3370	8		
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NAME			NAME					1	

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

4-9-03 727-393-96V