

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90599 040 ****61.25

DOCUMENT # N99000003379



1. Entity Name
3RD AVENUE CONDOMINIUM ASSOCIATION OF HOLMES BEACH, INC.

Principal Place of Business
**5306 CORTEZ RD W
UNIT 4
BRADENTON FL 34210**

Mailing Address
**5306 CORTEZ RD W
UNIT 4
BRADENTON FL 34210**

30007401



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
4701/4703 3 AVE

3. Mailing Address
—

Suite, Apt. #, etc.
—

Suite, Apt. #, etc.
—

City & State
Holmes Beach FL

City & State
—

4. FEI Number **65-0970274**

Applied For
Not Applicable

Zip **34217** Country **USA**

Zip — Country —

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CARAHER, MARK P
5306 CORTEZ RD W
UNIT 4
BRADENTON FL 34205**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CARAHER, MARK P	
STREET ADDRESS	5306 CORTEZ RD W UNIT 4	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	T	<input type="checkbox"/> Delete
NAME	DUBORD, PIERRE A	
STREET ADDRESS	5306 CORTEZ RD.W-UNIT 4-	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	TP	<input type="checkbox"/> Delete
NAME	WASHBURN, ANN L	
STREET ADDRESS	5306 CORTEZ RD W UNIT 4	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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: **SIGNATURE REQUIRED**

JAN. 13 2003 941 7921426

CR2E037 (10/02)