

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # 763233

1. Entity Name

WATER VIEW CONDOMINIUM ASSOCIATION OF INDIAN SHO

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90199 041 \*\*\*\*61.25

Principal Place of Business 19925 GULF BLVD INDIAN SHORES FL 33785 US	Mailing Address C/O PAREKH. COMMONS-CO 2700 EAST BAY DR #107 LARGO FL 33771-2459 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2371486	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FAKO, GARY 4254 GOLF CLUB LANE TAMPA FL 33624	7. Name and Address of New Registered Agent Name Margaret Stirling Street Address (P.O. Box Number is Not Acceptable) c/o Jack Collins, Inc. 20001 Gulf Blvd. City Indian Shores FL Zip Code 33785
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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 *Gary Fako* *Margaret Stirling* 2-28-00  
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. <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 STREET ADDRESS CITY-ST-ZIP	D MANORE, JOANN 1103 MAPLE WAY DRIVE TEMPERANCE MI 48182 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Susanne C. Chapman D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 19925 Gulf Blvd., #105 Indian Shores, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JAMES, SHARON D <input type="checkbox"/> Delete C/O JACK COLLINS 2001 GULF BLVD INDIAN SHORES FL 33785	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Margaret Stirling - President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition c/o Jack Collins, Inc. D 200001 Gulf Blvd. Indian Shores, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUSTIN, OWEN D <input type="checkbox"/> Delete 19925 GULF BLVD., 507 INDIAN SHORES FL 33785	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gary Fako - Treasurer. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4254 Golf Club Lane D Tampa, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT FAKO, GARY D <input type="checkbox"/> Delete 4254 GOLF CLUB LANE TAMPA FL 33624	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STIRLING, MARGARET D <input type="checkbox"/> Delete 20001 GULF BLVD INDIAN SHORES FL 33785	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 owner 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: *Gary Fako* *Margaret Stirling* 2-28-00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)