

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763233

1. Entity Name

WATER VIEW CONDOMINIUM ASSOCIATION OF INDIAN SHO

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
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2371486

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STIRLING, MARGARET
C/O JACK COLLINS, INC.
20001 GULF BLVD
INDIAN SHORES FL 33785

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

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. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
JAMES, SHARON
C O JACK COLLINS 2001 GULF BLVD
INDIAN SHORES FL 33785 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Owen "Red" Austin
19925 Gulf Blvd., #507
Indian Shores, FL 33785 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
AUSTIN, OWEN
19925 GULF BLVD., 507
INDIAN SHORES FL 33785 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Jim Egleston
404 Chestnut Street
Ridley Park, PA 19078 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
FAKO, GARY
4254 GOLF CLUB LANE
TAMPA FL 33624 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Susanne C. Chapman
19925 Gulf Blvd., #105
Indian Shores, FL 33785 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STIRLING, MARGARET
20001 GULF BLVD
INDIAN SHORES FL 33785 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-4-01 727-943-8899

CR2E037 (10/00)

0084440

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90609 028 *****61.25



DO NOT WRITE IN THIS SPACE