2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763233

WATER VIEW CONDOMINIUM ASSOCIATION OF INDIAN SHO

FILED Mar 07, 2001 8:00 am Secretary of State 03-07-2001 90609 028 ****61.25

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Zip Country Zip Country 3. A. FET Number 59-2371486 Applied For Not Applicable 7. Applicable 59-2371486 Applied For Not Applicable 7. Applicable 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1. Namo	a. Timopari		w. Walling Address		I 1881	400 100 8		
Second S	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Na	City & State		City & State		4. FEI Num	59-2371486		
STIRLING, MARGARET C/O JACK COLLINS, INC. 20001 GULF BLVD INDIAN SHOPES FL 33785 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 Signatur	Zip Country		Zip Country		5. Certifica			
STRUNG, MARGARET C/O JACK COLINS, INC. 20001 GULF BLVD INDIAN SHORES FL 33785 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		6. Name and Address of Current R	egistered Agent		7. Name a			
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SIRET ADDRESS SUBLE NO. SIRET ADDRESS SU	ATINUMA MADAART			Street A	Street Address (P.O. Box Number is Not Acceptable)			
2001 GUIF BLV0 INDIAN SHORES FL 33785 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 Fiorida. SIGNATURE SIGNATURE Signature, typed or present name of trogleosted agent and the Visipolication. MOTE Registered Agent spreame required when releasting) DATE								
B. 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 Signa					·			<u> </u>
SIGNATURE Signature, typed or printed name of registered Agent and after it applicable. NOTE: Registered Agent supremum required when rematationg) DATE	INDIAN SHORES FL 33785			City		•	FL Zip Coo	le
FILE NOW: FEE IS \$61.25 PILE NOW: FEE IS \$61.	8. The above	named entity submits this statement for	the purpose of changing its	registered office o	r registered agent, or b	ooth, in the state of Florida.		
Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE SD	SIGNATURE	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE	: Registered Agent signa	ure required when reinstating)		DATE	
TITLE NAME JAMES, SHARON DIRES FL 33785 TITLE D JACK COLLINS 2001 GULF BLVD STREET ADDRESS CITY-ST-ZIP INDIAN SHORES FL 33785 TITLE D JASSET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME SHREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-			· · · · · · · · · · · · · · · · · · ·		\$5.00 May Be Added to Fees	ed to Fees Department of State		
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TITLE D	NAME STREET ADDRESS	JAMES, SHARON C O JACK COLLINS 2001 GULF BLVD STR		NAME STREET ADDRESS	Owen "Red" 19925 Gulf	wen "Red" Austin 9925 Gulf Blvd., #507		
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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 of powered 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 AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR