

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764632

1. Entity Name

TOWNVIEW CONDOMINIUM ASSOCIATION, INC.

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90055 002 ****61.25

Principal Place of Business

105 - 4TH AVENUE, N.E.
ST. PETERSBURG FL 33701

Mailing Address

103 SW CLEVELAND AVE
LARGO FL 34640
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2214978

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RESOURCE PROPERTY MANAGEMENT
103 CLEVELAND AVENUE SW
LARGO FL 33770

7. Name and Address of New Registered Agent

Name RESOURCE PROPERTY MGT.

Suite Address (P.O. Box Number is Not Acceptable)
5901 SW BLVD. #200

City ST. PETE FL Zip Code 33715

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

TITLE PD
NAME SCIADINI, SANDRA AKA CIVILE A Sciadini
STREET ADDRESS 105 4TH AVE NE, #419
CITY-ST-ZIP SAINT PETERSBURG FL 33701 ☐ Delete

TITLE VPD
NAME AKESON, JACK
STREET ADDRESS 105 4TH AVE NE, #405
CITY-ST-ZIP SAINT PETERSBURG FL 33701 ☐ Delete

TITLE T
NAME OBRIEN, JIM
STREET ADDRESS 105 4TH AVE NE #414
CITY-ST-ZIP ST PETERSBURG FL 33701 ☒ Delete

TITLE S
NAME WASMUND, BOB
STREET ADDRESS 105 4TH AVE NE# 219
CITY-ST-ZIP ST. PETERSBURG FL 33701 ☒ Delete

TITLE D
NAME TIEDEMANN, HELGA
STREET ADDRESS 105 4TH AVE NE, #424
CITY-ST-ZIP SAINT PETERSBURG FL 33701 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE T
NAME JOHN HIGHT
STREET ADDRESS 105 4TH AVE NE #403
CITY-ST-ZIP ST. PETE, FL 33701 ☐ Change ☒ Addition

TITLE S
NAME AL BOCHARD
STREET ADDRESS 105 4TH AVE NE #326
CITY-ST-ZIP ST. PETE, FL 33701 ☐ Change ☒ Addition

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

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 to this address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)