

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

08-01-2001 90196 039 ****61.25

DOCUMENT # N99000001881

1. Entity Name

1850 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**4023 SAWYER ROAD
 SARASOTA FL 34233**

Mailing Address

**4023 SAWYER ROAD
 SARASOTA FL 34233**

2. Principal Place of Business

1850 PORTER LAKE DRIVE

Suite, Apt. #, etc.

3. Mailing Address

1850 PORTER LAKE DRIVE

Suite, Apt. #, etc.

#110

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34240

Country

USA

Zip

34240

Country

USA

4. FEI Number

65-0974997

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ALLEN, STEPHEN T
 4023 SAWYER ROAD
 SARASOTA FL 34233**

7. Name and Address of New Registered Agent

Name

ANTHONY RINALDI

Street Address (P.O. Box Number is Not Acceptable)

1850 PORTER LAKE DRIVE #101

City

SARASOTA

FL

Zip Code

34240

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

Anthony Rinaldi, Pres.
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-10-01

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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** ☒ Delete
 NAME **ALLEN, STEPHEN T**
 STREET ADDRESS **4023 SAWYER ROAD**
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **VD** ☒ Delete
 NAME **ALLEN, CINDY K**
 STREET ADDRESS **4023 SAWYER ROAD**
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **STD** ☒ Delete
 NAME **J. RUSSELL KLOSNER**
 STREET ADDRESS **4023 SAWYER ROAD**
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT / DIRECTOR** ☐ Change ☒ Addition
 NAME **ANTHONY RINALDI**
 STREET ADDRESS **1850 PORTER LAKE DRIVE #101**
 CITY-ST-ZIP **SARASOTA, FL 34240**

TITLE **V P / TREASURER / DIRECTOR** ☐ Change ☒ Addition
 NAME **LLOYD SLABACH**
 STREET ADDRESS **1850 PORTER LAKE DRIVE #104**
 CITY-ST-ZIP **SARASOTA, FL 34240**

TITLE **SECRETARY / DIRECTOR** ☐ Change ☒ Addition
 NAME **MIKE CHRISTNER**
 STREET ADDRESS **1850 PORTER LAKE DRIVE #108**
 CITY-ST-ZIP **SARASOTA, FL 34240**

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

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

TITLE ☐ Change ☐ 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:

SECRETARY REQUIRED

7-23-2001

(941) 921-1097

0014341

CR2E037 (5/01)