

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90127 043 ****61.25

DOCUMENT # 761160

1. Entity Name

THE 150 BUILDING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

150-153RD AVE.
 STE 302
 MADEIRA BCH. FL 33708

150-153RD #302
 SUITE 302
 MADEIRA BEACH FL 33708
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2257603

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHARLES J NEAL
150-153RD AVE #302
MADEIRA BEACH FL 33708

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 **VD** ☒ Delete
 NAME **FRAHM, LARAINÉ**
 STREET ADDRESS **8726 LOST COVE DR**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **VD** ☐ Change ☒ Addition
 NAME **Judith A. mckee**
 STREET ADDRESS **171 B MEDALLION BLVD**
 CITY-ST-ZIP **MADEIRA BEACH FL 33708**

TITLE **SD** ☒ Delete
 NAME **AMYOT, MARGIE**
 STREET ADDRESS **7803 46TH AVE. N. #85**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33708**

TITLE **SD** ☐ Change ☒ Addition
 NAME **ROBERT O'NEAL**
 STREET ADDRESS **11043 HYRON RD N**
 CITY-ST-ZIP **ST. PETERSBURG FL 33708**

TITLE **PD** ☐ Delete
 NAME **NEAL, CHARLES J.**
 STREET ADDRESS **150-153RD AVENUE**
 CITY-ST-ZIP **MADEIRA BCH FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

CHARLES J. NEAL
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles J. Neal President 4/4/02
 Date Daytime Phone #

CR2E037 (9/01)