

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-06-2002 90286 037 ****61.25

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DOCUMENT # 763233

1. Entity Name

**WATER VIEW CONDOMINIUM ASSOCIATION OF INDIAN SHO
 RES, INC.**

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 Owen Austin

Street Address (P.O. Box Number is Not Acceptable)
19925 Gulf Blvd. #507

City Indian Shores

FL

Zip Code 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 Owen L Austin PRES - 4-20-2002

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

(NOTE: Registered Agent signature required when reappointing)

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

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

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

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

TITLE VP D
 NAME EGLESTON, JIM
 STREET ADDRESS 404 CHESTNUT ST.
 CITY-ST-ZIP RIDLEY PARK PA 19078

TITLE S D
 NAME CHAPMAN, SUSANNE C
 STREET ADDRESS 19925 GULF BLVD. #105
 CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785

TITLE TD
 NAME Williams, Linda T.
 STREET ADDRESS 8916 Eagle Watch Drive
 CITY-ST-ZIP Riverview, FL 33569

TITLE D
 NAME Bartus, Joe
 STREET ADDRESS 19925 Gulf Blvd. #403
 CITY-ST-ZIP Indian Shores, FL 33785

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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 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 Owen L Austin **4-20-2002**

SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/01)