NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000008438

1. Entity Name
308 MARGARET STREET CONDOMINIUM ASSOCIATION INC

FILED
03 MAY -6 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business	3. Mailing Address
308 MARGARET ST	48 LUFKIN LN
Suite, Apt. #, etc. #3	Suite, Apt. #, etc.
City & State Key West FL	City & State BRISTOL CT
Zip 33040 Country US	Zip 06010 Country

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03/11/03 01064 010 13125

4. FEI Number 161653382 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name DIANE O'LOUGHLIN
Street Address 308 Margaret St #3
City Key West FL 33040

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DIANE O'LOUGHLIN Diane O'Loughlin 3/17/03
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT NAME DONNA DRESH - D STREET ADDRESS 9560 HILLSIDE DR CITY-ST-ZIP BRIDGEMAN MI 49106	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE SECRETARY/TREASURER NAME DIANE O'LOUGHLIN - D STREET ADDRESS 48 LUFKIN LN CITY-ST-ZIP BRISTOL CT 06010	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME PAYLETTE ALDEN - T STREET ADDRESS 4900 WASHBURN AVE S CITY-ST-ZIP MINNEAPOLIS MN 55410	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

Diane O'Loughlin Sec/Treasurer 3/17/03 860513-4154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DIANE O'LOUGHLIN

per conversation didn't receive notice for 2002. Also,