2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000007577

1. Entity Name

Principal Place of Business

6208 17TH STREET EAST

BRADENTON FL 34203

SIGNATURE

17TH ST. EAST INDUSTRIAL PARK CONDOMINIUM ASSOCI ATION, INC.



% RICHARD RAMHOFER 1708 CARIBBEAN DRIVE SARASOTA FL 34231

				I 1870 LIGO DIL BRITA BOTA BOTA BOTA DO LA COLLEGA DE		
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State		CHECK HERE IF MAKING CHA		
6.	Name and Address of Cui	7. Name and Address of New Registered Agent				

Mailing Address

FILED May 21, 2003 8:00 am § Secretary of State

05-21-2003 90081 016 ****61.25

90136985



CHECK HERE IF MAKING CHANGES

Applied For Not Applicable

\$8.75 Additional Fee Required

Zip Code

BROWNING, ROBERT W JR. 1800 2ND ST., SUITE 880 SARASOTA FL 34236

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

9. Election Campaign Financing

Trust Fund Contribution.

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•	FILE NOW:	EEE	10 061 25	
	FILL INVIV.		10,401.60	

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

City

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change Addition NAME RAMHOFER, RICHARD NAME STREET ADDRESS 1708 CARIBBEAN DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 43231 ☐ Change Addition ☐ Delete TITLE TITLE BROWNING, ROBERT W JR. NAME NAME STREET ADDRESS 1800 2ND ST., SUITE 880 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 TITLE ☐ Delete TITLE Change ■ Addition NAME FURR, PAUL D NAME STREET ADDRESS 6208 17TH ST. EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34203** TITLE ☐ Delete TITLE ☐ Change □ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.