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2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### Entity Name: THE SECOND BAYSHORE CONDOMINIUM ASSOCIATION, INC.

## **Current Principal Place of Business:**

1800 RESTFUL DR BRADENTON, FL 34207-4559

#### **Current Mailing Address:**

1800 RESTFUL DR BRADENTON, FL 34207-4559

## FEI Number: 59-1258690

## Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A. 1819 MAIN STREET, SUITE #905 SARASOTA, FL 34236 US Certificate of Status Desired: No

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:

Electronic Signature of Registered Agent

## **Officer/Director Detail :**

Title	Ρ	Title	VP
Name	HARP, JAN	Name	NENSEWITZ, PHILIP
Address	1800 RESTFUL DR	Address	1800 RESTFUL DR
City-State-Zip:	BRADENTON FL 34207-4559	City-State-Zip:	BRADENTON FL 34207-4559
Title	SECRETARY	Title	TREASURER
Name	KNELLINGER, NANNETTE	Name	HARP, TERRY
Address	1800 RESTFUL DR	Address	1800 RESTFUL DR
City-State-Zip:	BRADENTON FL 34207-4559	City-State-Zip:	BRADENTON FL 34207-4559
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR WEINGART, STEVEN	Title Name	DIRECTOR OBRIEN, SHIRLEY
Name	WEINGART, STEVEN 1800 RESTFUL DR	Name	OBRIEN, SHIRLEY 1800 RESTFUL DR
Name Address City-State-Zip:	WEINGART, STEVEN 1800 RESTFUL DR BRADENTON FL 34207-4559	Name Address	OBRIEN, SHIRLEY 1800 RESTFUL DR
Name Address	WEINGART, STEVEN 1800 RESTFUL DR	Name Address City-State-Zip:	OBRIEN, SHIRLEY 1800 RESTFUL DR BRADENTON FL 34207-4559
Name Address City-State-Zip: Title	WEINGART, STEVEN 1800 RESTFUL DR BRADENTON FL 34207-4559 DIRECTOR	Name Address City-State-Zip: Title	OBRIEN, SHIRLEY 1800 RESTFUL DR BRADENTON FL 34207-4559 ASST. SECRETARY SPENCE, BRIDGET 4370 S. TAMIAMI TRAIL
Name Address City-State-Zip: Title Name	WEINGART, STEVEN 1800 RESTFUL DR BRADENTON FL 34207-4559 DIRECTOR ARGUE, TERRY 1800 RESTFUL DR	Name Address City-State-Zip: Title Name Address	OBRIEN, SHIRLEY 1800 RESTFUL DR BRADENTON FL 34207-4559 ASST. SECRETARY SPENCE, BRIDGET

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

#### SIGNATURE: BRIDGET SPENCE

ASSISTANT SECRETARY 03/08/2023

Electronic Signature of Signing Officer/Director Detail

# FILED Mar 08, 2023 Secretary of State 3663609385CC

Date