2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
05-22-2002 90277 002 ****88.75
05-22-2002 90277 001 ****61.25

DOCUMENT # 254170

1. Entity Name
BRIGHTWATERS TOWER OF SNELL ISLE INC

Principal Place of Business	Mailing Address
1365 SNELL ISLE BLVD N E ST PETERSBURG FL 33704	1365 SNELL ISLE BLVD N E ST PETERSBURG FL 33704

DO NOT WRITE IN THIS SPACE

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 59-0948504 ☐ 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
OSBURN, BILLY K 10033 - 9TH ST., N. ST PETERSBURG, FL ST. PETERSBURG FL 33716	Name: CONDOMINIUM ASSOCIATES Street Address (P.O. Box Number is Not Acceptable): 3001 EXECUTIVE DR., #260 City: CLEARWATER FL Zip Code: 33762

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: Condominium Associates By Craig Caldwell, VICE PRESIDENT 5-1-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NICHOLS, PATRICIA 10033 9TH ST NORTH ST. PETERSBURG FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Pat Staats 1365 Brightwaters Blvd. #1a St. Petersburg, FL 33704	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV WEEDLE, ELIZABETH 10033 9TH ST N 2ND FL ST. PETERSBURG FL 33716-3805	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Mabel Peters 1365 Snell Isle Blvd St. Petersburg, FL.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT LONGSTAFF, DOROTHY 10033 9TH ST N 2ND FL ST. PETERSBURG FL 33716-3805	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Jerry Moomaw 1365 Snell Isle Blvd St. Petersburg, FL.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS FLEMING, BETSY 10033 9TH ST NORTH 2ND FLOOR SAINT PETERSBURG FL 33716	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GERDES, KENT 10033 9TH ST NORTH SAINT PETERSBURG FL 33716	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Betsy Fleming (727) 573-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #