

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90367 042 \*\*\*150.00

**DOCUMENT # 501119**

1. Entity Name  
**FLORIDANA HOMEOWNERS, INC.**



Principal Place of Business  
**304 52ND AVE TERR. W.  
BRADENTON FL 34207  
US**

Mailing Address  
**304 52ND AVE TERR. W.  
BRADENTON FL 34207  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1710497**

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

**PORG & NAMLIN-ATTORNEYS  
STEVE THOMPSON  
1205 MANATEE AVE W  
BRADENTON FL 34205**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEDEOMA, CARMEN</b> <b>111 51ST AVE DR W</b> <b>BRADENTON FL 34207</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>BAUMGARTNER, CAROL</b> <b>104 51ST AVE TER W</b> <b>BRADENTON FL 34207</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HOPKINS, JIM</b> <b>303 51ST AVE ST W</b> <b>BRADENTON FL 34207</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BECKETT, JACK</b> <b>203 52ND AVE PLZ W</b> <b>BRADENTON FL 34207</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SANOR, DON</b> <b>122 52ND AVE W</b> <b>BRADENTON FL 34207</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>SUE, GLOSSER GLOSSER</b> <b>117 52ND AVE W</b> <b>BRADENTON FL 34207</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>EVERETT Smith, Everett</b> <b>118 52nd Ave Dr. W.</b> <b>Bradenton, FL 34207</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>CAROL BAUMGARTNER</b> <b>104 51ST AVE TER W</b> <b>BRADENTON FLORIDA 34207</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Hopkins, Jim</b> <b>303 51st Ave St. W</b> <b>Bradenton, FL 34207</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P.</b> <b>C.A. McMurtry</b> <b>410 51st Ave. W</b> <b>Bradenton, FL 34207</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>SUE GLOSSER</b> <b>117 52 AVE W</b> <b>BRADENTON, FL 34207</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: *Sue Glosser* **1/6/03** **941 755-5666**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

ATTACHMENT

DIRECTOR

Charles Schaefer  
204 52<sup>nd</sup>. Ave. West  
Bradenton, FL. 34207

100/2747

DIRECTOR

Joyce Hanson  
215 52<sup>nd</sup>. Ave. Ter. W.  
Bradenton, FL. 34207

Doc#501119

DIRECTOR

David Sheldon  
104 51<sup>st</sup>. Ave. W.  
Bradenton, FL. 34207