

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90056 028 ****61.25

DOCUMENT # 733211

1. Entity Name

5601 GULF OF MEXICO DRIVE APTS., A CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

**5601 GULF OF MEXICO
 LONGBOAT KEY FL 34228-8513**

**3402 50TH ST W
 BRADENTON FL 34209**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LONGBOAT KEY FL

Zip

Country

Zip Country
34228-1925 USA

4. FEI Number

17-6141854

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CATT, SHARON R
 3402 50TH ST W
 BRADENTON FL 34209~~

Name **T.J. EISCH, SECRETARY/TREASURER**

Street Address (P.O. Box Number is Not Acceptable)
**5601 GULF OF MEXICO DRIVE
 # 5**

City **LONGBOAT KEY, FL** Zip Code **34228-**

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.

1925

SIGNATURE *T.J. Eisch* **T. J. EISCH SEC/TREASURER** **1-7-02**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	FRANKLIN, B W	
STREET ADDRESS	615 48TH ST W	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ZIMMERMAN, JEAN M.	
STREET ADDRESS	11717 POTTER RD.	
CITY-ST-ZIP	BELLEVUE OH	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	EISCH, T.J.	
STREET ADDRESS	5601 GULF OF MEXICO DR 5	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	WOODARD, NELLIE	
STREET ADDRESS	4000 N-ANDREWS-	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEGLER, KENNEDY III	
STREET ADDRESS	120 40TH ST CT NW	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GHMIELESKI, PHILLIP	
STREET ADDRESS	3420 GULFMEAD DR.	
CITY-ST-ZIP	SARASOTA FL 34242	

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	44811	
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	34228-1925	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5601 GULF OF MEXICO DRIVE # 7	
CITY-ST-ZIP	LONGBOAT KEY FL 34228-1925	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	34209	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGO BOHATY	
STREET ADDRESS		
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.

SIGNATURE: *SIGNATURE REQUIRED* **EISCH SEC/TREAS** **1-7-02** **941-383-2398**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)