

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90173 013 \*\*\*\*61.25

**DOCUMENT # 736863**

1. Entity Name

**PALM-AIRE AT SARASOTA CONDOMINIUM ASSOCIATION "B", INC.**



Principal Place of Business

**5899 WHITFIELD AVENUE  
SUITE 107  
SARASOTA FL 34243**

Mailing Address

**C/O AMI  
9031 TOWN CENTER PKWY  
BRADENTON FL 34202**

2. Principal Place of Business

Suite, Apt. #, etc.

**9031 TOWN CENTER PKWY  
BRADENTON, FLORIDA**

3. Mailing Address

**C/O AMI**

Suite, Apt. #, etc.

**9031 TOWN CENTER PKWY  
BRADENTON, FLORIDA**

City & State

City & State

4. FEI Number **59-1747273**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34202 U.S.A**

**34202 U.S.A**

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

**ADVANCED MANAGEMENT OF SW FL, INC  
5899 WHITFIELD AVENUE  
SUITE 107  
SARASOTA FL 34243**

Name

**ADVANCED MANAGEMENT INC**

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

**9031 TOWN CENTER PKWY**

City

**BRADENTON**

FL

Zip Code

**34202**

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

*[Signature]*

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
KRAMER, HERBERT  
7810 PALM PINE LN  
SARASOTA FL 34243** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
HINKLEMAN, JOHN  
5413 PALM AIRE DR  
SARASOTA FL 34243** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
VON STEEN, DONALD  
5615 PALM AIRE DR  
SARASOTA FL 34243** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
Paul Leonard  
5615 Palm Aire Dr.  
Sarasota, FL 34243** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
GURGOLD, JOAN  
5524 PALM AIRE DR  
SARASOTA FL 34243** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
Frank Maguire  
7880 Palm Aire Lane #102  
Sarasota, FL 34243** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
PLATT, DENNIS  
7860 PALM PINE LN #106  
SARASOTA FL 34243** ☐ 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

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]*

CR2E037 (10/02)