

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741471

1. Entity Name

POWELL AND YANSON BUILDING CONDOMINIUM ASSOCIATI

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90087 007 ****61.25

Principal Place of Business

Mailing Address

550 FIFTH AVENUE SOUTH
 NAPLES FL 33940-6614

550 FIFTH AVENUE SOUTH
 NAPLES FL 34102-6614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1826920

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CANNON, CHARLES
 400 FIFTH AVENUE SOUTH, #200
 #301
 33940

Name **JILL FISHER POWERS, ESQ.**

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

300 S. PARK PLACE BLVD. #150

City **CLEARWATER**

FL

Zip Code **33759**

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  **JILL FISHER POWERS**

3/26/00

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 Delete
 NAME **PD YANSON, OSCAR F.**
 STREET ADDRESS **550 FIFTH AVE. SOUTH**
 CITY-ST-ZIP **NAPLES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **ST CANNON, CHARLES**
 STREET ADDRESS **400 FIFTH AVENUE SOUTH, #200**
 CITY-ST-ZIP **NAPLES FL**

TITLE Change Addition
 NAME **STD RICHARD W. COPE**
 STREET ADDRESS **300 S Park Place Blvd. #150**
 CITY-ST-ZIP **Clearwater FL 33759**

TITLE Delete
 NAME **SD GAMBLE, DELORES**
 STREET ADDRESS **530 FIFTH AVENUE SOUTH**
 CITY-ST-ZIP **NAPLES FL**

TITLE Change Addition
 NAME **D CHARLES RICHMONSON**
 STREET ADDRESS **550 Fifth Avenue South**
 CITY-ST-ZIP **Naples, FL**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 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:  **RICHARD W. COPE, Sec. Tr.** **3/26/00** **(727) 723-8880**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRE037 (9/99)