

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90337 037 \*\*\*\*61.25

**DOCUMENT # 741538**

1. Entity Name

**LA PUERTA DEL SOL CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

5633 PUERTA DEL SOL BOULEVARD  
 ST. PETERSBURG FL 33715  
 US

1110 PINELLAS BAYWAY  
 STE 104  
 TIERRA VERDE FL 33715  
 US

2. Principal Place of Business

3. Mailing Address

5901 SUN BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 200

City & State

City & State  
 ST. PETERSBURG FL

4. FEI Number

59-1911381

Applied For

Not Applicable

Zip

Country

Zip

33715

Country

US

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

LEIGHTON, LENNARD A  
 C/O SEABOARD ARBORS MGMT  
 2189 CLEVELAND ST STE 225  
 CLEARWATER FL 33765

Name **RESOURCE PROPERTY MGMT.**

Street Address (P.O. Box Number is Not Acceptable)  
 5901 SUN BLVD. # 200

City **ST. PETERSBURG** FL Zip Code **33715**

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

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 **VPD** ☐ Delete  
 NAME **HELEN J ARUFFO**  
 STREET ADDRESS **5729 PUERTA DEL SOL BLVD #481**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33715**

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

TITLE **SD** ☐ Delete  
 NAME **BRIESKE, DAVID**  
 STREET ADDRESS **5838 PUERTA DEL SOL BLVD #162**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33715**

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

TITLE **TD** ☐ Delete  
 NAME **JACK THOMPSON**  
 STREET ADDRESS **5541 PUERTA DEL SOL BLVD 115**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33715**

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

TITLE **D** ☐ Delete  
 NAME **CHAVIS, STONEY**  
 STREET ADDRESS **5541 PUERTA DEL SOL BLVD #115**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33715**

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

TITLE **D** ☐ Delete  
 NAME **FRANCES WIDRIG**  
 STREET ADDRESS **5633 PUERTA DEL SOL BLVD #202**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33715**

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

TITLE **PD** ☐ Delete  
 NAME **MITCHELL, EDWARD**  
 STREET ADDRESS **5729 PUERTA DEL SOL BLVD. #384**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33715**

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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-11-02**

Date

Daytime Phone #

CR2E037 (9/01)