

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

FILED
May 07, 2003 8:00 am
Secretary of State

0046531

DOCUMENT # 741538

1. Entity Name

LA PUERTA DEL SOL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**5633 PUERTA DEL SOL BOULEVARD
ST. PETERSBURG FL 33715
US**

Mailing Address

**5901 SUN BLVD
#200
SAINT PETERSBURG FL 33715
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 **59-1911381**

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

**RESOURCE PROPERTY MGMT
5901 SUN BLVD
#200
SAINT PETERSBURG FL 33715**

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

TITLE **SD** ☒ Change ☐ Addition
NAME **HELEN J. ARUFFO**
STREET ADDRESS **5729 PUERTA DEL SOL BLVD #481**
CITY-ST-ZIP **ST. PETERSBURG, FL 33706**

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

TITLE **VPD** ☐ Change ☒ Addition
NAME **IGNOWSKI, ADRIAN**
STREET ADDRESS **5505 PUERTA DEL SOL BLVD #223**
CITY-ST-ZIP **ST. PETERSBURG, FL 33706**

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: *Edward Mitchell* RED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)