2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State
04-19-2000 90017 041 ****61.25

DOCUMENT # 742565

1. Entity Name

CASA DEL MAR CONDOMINIUM ASSOCIATION NO. 4 OF ST

Principal Place of Business	Mailing Address
4 OF ST. PETERSBURG. INC. 5901 SUN BLVD SUITE 203 ST. PETERSBURG FL 33715 US	4 OF ST. PETERSBURG. INC. 5901 SUN BLVD SUITE 203 ST. PETERSBURG FL 33715-1161 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2020444 ☐ 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
NEWTON, WILLIAM C. 5901 BLVD SUITE 203 ST. 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.

SIGNATURE _____ 4/4/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RYAN, BOB 5901 SUN BLVD 203 ST. PETERSBURG FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Rixon, Robert 5901 Sun Blvd. #203 St. Petersburg, FL 33715	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VPD FLORE, RICHARD 5901 SUN BLVD 203 ST. PETERSBURG FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Flore, Richard 5901 Sun Blvd. #203 St. Petersburg, Fl 33715	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HOLMGREN, BENGT 5901 SUN BLVD 203 ST. PETERSBURG FL 33715	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Holmgren, Bengt 5901 Sun Blvd. #203 St. Petersburg, FL 33715	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T POOLER, VICTOR 5901 SUN BLVD., #203 ST. PETERSBURG FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR/S Pooler, Victor 5901 Sun Blvd. #203 St. Petersburg, FL 3715	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROBERT KALEE 5901 SUN BLVD 203 ST.PETERSBURG, FL 00000	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Richards, Galen(Director) VP 5901 Sun Blvd #203 St. Petersburg, FL 33715	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 4/16/00 727-867-4546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #