

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742711

1. Entity Name

LA COSTA CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90034 011 ****61.25

Principal Place of Business

Mailing Address

1800 GULF DRIVE NORTH
 BRADENTON BEACH FL 34217-2395

1800 GULF DRIVE NORTH
 BRADENTON BEACH FL 34217-2312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1810451

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

HAGER, WILLIAM
 1801 MAIN STREET
 SARASOTA FL 34236

Name **Gerald Bishop**
 Street Address (P.O. Box Number is Not Acceptable) **2831 Ringling Blvd. #218F**
 City **Sarasota** FL Zip Code **34237**

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 *Gerald Bishop*

GERALD BISHOP

1/17/2000

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 | SD | <input type="checkbox"/> Delete |
| NAME | BELFORD, RALPH | |
| STREET ADDRESS | 4219 PRESIDENTIAL AVE CR E | |
| CITY-ST-ZIP | BRADENTON FL | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | HICKS, TOM | |
| STREET ADDRESS | 1800 GULF DR NORTH, #202 | |
| CITY-ST-ZIP | BRADENTON BCH FL | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | DAVIS, GUY | |
| STREET ADDRESS | 4203 100TH STREET W. | |
| CITY-ST-ZIP | BRADENTON FL | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | SCHECK, JOHN | |
| STREET ADDRESS | 2998 PLANTATION RD. | |
| CITY-ST-ZIP | WINTER HAVEN FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | WEST, CHARLES | |
| STREET ADDRESS | 609 JOSH DRIVE | |
| CITY-ST-ZIP | BRIGHTON IL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|----------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Slavick, Roz | |
| STREET ADDRESS | 1829 Baltusrol Court | |
| CITY-ST-ZIP | Lakeland, FL 33803 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Long, Tom | |
| STREET ADDRESS | 3112 Godfrey Rd. | |
| CITY-ST-ZIP | Godfrey, IL 60235 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: *Ralph L. Belford* RALPH L. BELFORD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)