

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90093 038 ****61.25

DOCUMENT # 743269

1. Entity Name

CONDOMINIUM ASSOCIATION OF HOLIDAY VILLAS OF BEL

Principal Place of Business

Mailing Address

2740 GULF BLVD
 BELLEAIR BEACH FL 33786

2740 GULF BLVD
 BELLEAIR BEACH FL 33786-3525

2. Principal Place of Business

3. Mailing Address

15350 Amberly Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5321

City & State

Tampa FL

Zip

Country

33647

Country

USA

4. FEI Number

59-2939739

Applied For

Not Applicable

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

DOYLE, DEBBIE
 15350 AMBERLY DR
 #5321
 TAMPA FL 33647

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

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: DP Delete
 NAME: RAUBACH, RANDY
 STREET ADDRESS: 2740 GULF BLVD, #2
 CITY-ST-ZIP: BELLEAIR BEACH FL 33786

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

TITLE: DV Delete
 NAME: WALKER, GEORGE
 STREET ADDRESS: 420 PINE HURST RD
 CITY-ST-ZIP: BELLEAIR-BLUFFS FL

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

TITLE: DST Delete
 NAME: DOYLE, DEBBIE
 STREET ADDRESS: 15350 AMBERLY DR, #5321
 CITY-ST-ZIP: TAMPA FL 33647

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

TITLE: D Delete
 NAME: CARNEY, SANDY
 STREET ADDRESS: 4085 AUSTON WAY
 CITY-ST-ZIP: PALM HARBOR FL 34686

New Address only

TITLE: Change Addition
 NAME: D Carney, Sandy
 STREET ADDRESS: 447 Bridle Path Way
 CITY-ST-ZIP: Tarpon Springs, Fl. 34689

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)(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: *Debbie Doyle* **REQUIRE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/00

CR2E037 (9/99)