

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744310

1. Entity Name

MORTON VILLAGE CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90107 023 ****61.25

Principal Place of Business

5400 34TH STREET WEST
BRADENTON FL 34210

Mailing Address

5400 34TH STREET WEST
BRADENTON FL 34210-3400

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

59-1923361

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

Name

C&S Condominium Management

Street Address (P.O. Box Number is Not Acceptable)

Suite A19

City

FL

Zip Code

4301 32ND ST W

SUITE 67

BRADENTON FL 34205

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 PD ☐ Delete
NAME STERN, HERBERT
STREET ADDRESS 5400 34TH ST W #7K
CITY-ST-ZIP BRADENTON FL 34210

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

TITLE VPD ☐ Delete
NAME PIETROVITO, ANTHONY
STREET ADDRESS 5400 34TH STREET WEST 2H
CITY-ST-ZIP BRADENTON FL 34210

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

TITLE SD ☐ Delete
NAME MEYER, PATRICIA J
STREET ADDRESS 5400 34TH STREET WEST
CITY-ST-ZIP BRADENTON FL 34210

TITLE ☒ Change ☐ Addit
NAME -Jacobsmeier, Patricia J
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME ZAHRA, EDWARD
STREET ADDRESS 5400 34TH STREET WEST 4I
CITY-ST-ZIP BRADENTON FL 34210

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

TITLE D ☐ Delete
NAME MCLEOD, CHARLES
STREET ADDRESS 602 C2 WILSON BRIDGE DR
CITY-ST-ZIP OXON HILL MD 20745

TITLE ☒ Change ☐ Addit
NAME
STREET ADDRESS 5400 34th St W #D170
CITY-ST-ZIP Bradenton FL 34210

TITLE D ☐ Delete
NAME SIEGEL, LOUIS
STREET ADDRESS 5400 34TH ST W #12D
CITY-ST-ZIP BRADENTON FL 34210

TITLE ☐ Change ☐ Addit
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 of Registered Agent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #