

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752783

1. Entity Name

SAINT JUDES DRIVE SOUTH CONDOMINIUMS ASSOCIATION

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90029 045 ****61.25

Principal Place of Business 729 ST. JUDES DRIVE. SOUTH. #1 LONGBOAT KEY FL 34228	Mailing Address 707 ST JUDES DRIVE S APT 1 LONGBOAT KEY FL 34228-1836 US
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2. Principal Place of Business 713 ST. JUDES DR. S. Suite, Apt. #, etc. #1	3. Mailing Address ST. JUDES DR. S. Suite, Apt. #, etc. #1
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City & State LONGBOAT KEY FL	City & State LONGBOAT KEY FL
Zip 34228	Zip 34228
Country U.S.A.	Country U.S.A.

4. FEI Number 65-0135372	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BALDWIN, EDWIN M.
707 ST JUDDS DR
#4
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOZACK, MYRON 713 ST. JUDES DR LONGBOAT KEY FL 34228	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAMM, LEROY 707 ST-JUDES DR SOUTH #1- LONGBOAT KEY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BALDWIN, EDWIN M. 707 ST. JUDES DR, #4 LONGBOAT KEY FL 34228	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHITMAN, JANICE 723 ST. JUDES DR, #2 LONGBOAT KEY FL 34228	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DESSELLE, DON 729 ST JUDES DR, #3 LONGBOAT KEY FL 34228	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TOM TOMLINSON 7332 CLOISTER DR. SARASOTA FL 34231	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: EDWIN BALDWIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1-22-00 Daytime Phone #: 941-383-2985

CR2E037 (9/99)