

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90129 005 \*\*\*\*61.25

**DOCUMENT # 752783**

1. Entity Name

**SAINT JUDES DRIVE SOUTH CONDOMINIUMS ASSOCIATION  
INC.**



Principal Place of Business

**713 ST JUDES DRIVE SOUTH #1  
LONGBOAT KEY FL 34228**

Mailing Address

**C/O ACT INC.  
4134 GULF OF MEXICO DR  
LONGBOAT KEY FL 34228  
US**

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 **65-0135372**

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

**KOZIAK, MURON  
713 ST JUDES DR S  
LONGBOAT KEY FL 34228**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1 APRIL 03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete  
NAME **SEGO, PAT**  
STREET ADDRESS **5730 W WHITEHEAD RD**  
CITY-ST-ZIP **BARGERSVILLE IN 46106**

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

TITLE **TD** ☐ Delete  
NAME **HAMM, MARY LOU**  
STREET ADDRESS **707 ST JUDE DR SO #1**  
CITY-ST-ZIP **LONGBOAT-KEY-FL-34228**

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

TITLE **P** ☐ Delete  
NAME **KOZIAK, ALEXANDER M**  
STREET ADDRESS **713 ST JUDES DR S**  
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

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

TITLE **SD** ☐ Delete  
NAME **RAYON, DEBORAH**  
STREET ADDRESS **1522 COTTONWOOD TRAIL**  
CITY-ST-ZIP **SARASOTA FL 34232**

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

TITLE **VD** ☒ Delete  
NAME **ALEMAN, JORGE**  
STREET ADDRESS **3302 SPAINWOOD DR**  
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE ☒ Change ☐ Addition  
NAME **ALEMAN, JOSEPH**  
STREET ADDRESS **ST. JUDES DR. S. 72942**  
CITY-ST-ZIP **LBK. FL. 34228**

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)(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:

**NOTAR PUBLIC REQUIRED**

**1 APRIL 03**

**941-383-4528**

CR2E037 (10/02)