

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753126

1. Entity Name

CASARINA CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90096 045 ****61.25

Principal Place of Business

Mailing Address

5880 MIDNIGHT PASS ROAD
SARASOTA FL 34242

5880 MIDNIGHT PASS ROAD
SARASOTA FL 34242-4106

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

59-2217899

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

HOOVER, TIMOTHY
5880 MIDNIGHT PASS ROAD
C/O CASARINA
SARASOTA FL 34242

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 FLOYD, GRACE
STREET ADDRESS 5880 MIDNIGHT PASS RD.
CITY-ST-ZIP SARASOTA FL 34242

TITLE DVP ☒ Delete
NAME SCHAFER, DONALD
STREET ADDRESS 5880 MIDNIGHT PASS RD
CITY-ST-ZIP SARASOTA FL 39242

TITLE DS ☐ Delete
NAME RICHARDS, ROBERT
STREET ADDRESS 5880 MIDNIGHT PASS ROAD
CITY-ST-ZIP SARASOTA FL 34242

TITLE DT ☐ Delete
NAME FLOYD, GRACE
STREET ADDRESS 5880 MIDNIGHT PASS ROAD
CITY-ST-ZIP SARASOTA FL 34242

TITLE D ☐ Delete
NAME FLOYD, ALAN
STREET ADDRESS 5880 MIDNIGHT PASS ROAD
CITY-ST-ZIP SARASOTA FL 34242

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P/T ☒ Change ☐ Addition
NAME Floyd, Grace
STREET ADDRESS 5880 Midnight Pass Rd.
CITY-ST-ZIP SARASOTA FL 34242

TITLE D ☐ Change ☒ Addition
NAME Schmidt, Beatrice
STREET ADDRESS 5880 Midnight Pass Rd
CITY-ST-ZIP SARASOTA FL 34242

TITLE S ☒ Change ☐ Addition
NAME Richards, Robert
STREET ADDRESS 5880 Midnight Pass Rd
CITY-ST-ZIP SARASOTA FL 34242

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

TITLE VP ☒ Change ☐ Addition
NAME Floyd, Alan
STREET ADDRESS 5880 Midnight Pass Rd.
CITY-ST-ZIP SARASOTA FL 34242

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:

SIGNATURE FLOYD, D President

4-19-00

346-0365

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)