

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755795

1. Entity Name

CHAMBERY CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90032 023 ****61.25

Principal Place of Business 5037 RINGWOOD MEADOW SARASOTA FL 34235	Mailing Address 5037 RINGWOOD MEADOW SARASOTA FL 34235-2035
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 59-2103237	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 SACK, BARNEY 5420 CHANTILLY SARASOTA FL 34235	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																																																																																																																								
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td>☒ Delete</td> </tr> <tr> <td>NAME</td> <td>SHORE, DAVID</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5422 CHAMPAGNE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA FL 34235</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>SENGPIEL, GEORGE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5409 CHANTILLY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA FL 34235</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>STONER, ELIZABETH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5037 RINGWOOD MEADOW</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>POWERS, MERRILL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5037 RINGWOOD MEADOW</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>SACK, BARNEY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5037 RINGWOOD MEADOW</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>LEAHY, RICHARD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5037 RINGWOOD MEADOW</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA FL</td> <td></td> </tr> </table>	TITLE	D	☒ Delete	NAME	SHORE, DAVID		STREET ADDRESS	5422 CHAMPAGNE		CITY-ST-ZIP	SARASOTA FL 34235		TITLE	D	☐ Delete	NAME	SENGPIEL, GEORGE		STREET ADDRESS	5409 CHANTILLY		CITY-ST-ZIP	SARASOTA FL 34235		TITLE	SD	☐ Delete	NAME	STONER, ELIZABETH		STREET ADDRESS	5037 RINGWOOD MEADOW		CITY-ST-ZIP	SARASOTA FL		TITLE	TD	☐ Delete	NAME	POWERS, MERRILL		STREET ADDRESS	5037 RINGWOOD MEADOW		CITY-ST-ZIP	SARASOTA FL		TITLE	VD	☐ Delete	NAME	SACK, BARNEY		STREET ADDRESS	5037 RINGWOOD MEADOW		CITY-ST-ZIP	SARASOTA FL		TITLE	PD	☐ Delete	NAME	LEAHY, RICHARD		STREET ADDRESS	5037 RINGWOOD MEADOW		CITY-ST-ZIP	SARASOTA FL		<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td>☐ Change ☒ Addition</td> </tr> <tr> <td>NAME</td> <td>LOIS POWERS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5037 RINGWOOD MEADOW</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34235</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE	D	☐ Change ☒ Addition	NAME	LOIS POWERS		STREET ADDRESS	5037 RINGWOOD MEADOW		CITY-ST-ZIP	SARASOTA, FL 34235		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 fee empowered.

SIGNATURE: Richard Leahy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/2000
Date Daytime Phone #