

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90253 007 ****61.25

DOCUMENT # 760839

1. Entity Name

SOUTHLAND PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**855 US 41 BY PASS S
 VENICE FL 34292**

**855 US 41 BY PASS S
 VENICE FL 34292**

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

65-0127296

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

**ADAMS, CARL F.
 857 US 41 BYPASS SOUTH
 VENICE FL 34292**

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	PD	<input type="checkbox"/> Delete
NAME	ADAMS, CARL F.	
STREET ADDRESS	857 US 41 BYPASS SOUTH	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ARDES, MARIAN	
STREET ADDRESS	594 FLAMINGO DR	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOGAN, CHARLENE	
STREET ADDRESS	853 U.S. #41 BYPASS	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HURT, BILL	
STREET ADDRESS	859 VENICE BY PASS SOUTH	
CITY-ST-ZIP	VENICE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 *Carl F. Adams* **CARL F. ADAMS** 1/16/02 941-485-8572

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)