

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90299 017 ****61.25

DOCUMENT # 762008

1. Entity Name
SOUTHERN BELLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
513 EAST MARION AVE.
PUNTA GORDA FL 33950
Mailing Address
265 TAMIAMI TRAIL
PUNTA GORDA FL 33950
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 59-2389385
Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENE, JOAN F
265 TAMIAMI TR
PUNTA GORDA FL 33950

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.
\$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

Table with 3 columns: TITLE, NAME, ADDRESS. Rows include VPD GOURLEY, JOHN; SD SCHNEIDER, LORRAINE; PD DURAND, RAY; VPD KARTER, TED.

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Table with 3 columns: TITLE, NAME, ADDRESS. Includes checkboxes for Change and 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/01

Date Daytime Phone #

10/10039

CR2E037 (10/00)