2001 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2001 8:00 am Secretary of State DOCUMENT # N00000004643 AMADEUS CONDOMINIUM ASSOCIATION, INC. 04-16-2001 90055 048 ****61.25 Principal Place of Business Mailing Address 145 104TH AVENUE 145 104TH AVENUE TREASURE ISLAND FL 33708 TREASURE ISLAND FL 33708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 0521 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) REK, LISA 6240 70TH AVENUE NORTH PINELLAS PARK FL 33781 City 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 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. **☑** Delete PD ☐ Change **Addition** TITLE TITLE Steiner REK, WILLIAM J NAME NAME 145 104th Ave. HOUSE STREET ADDRESS 6240 70TH AVENUE NO. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33781 Treasure S Change STD TITLE Addition Delete 46 TITLE Villiam J. Rek 240, 70th tue. N REK, LISA NAME NAME William STREET ADDRESS 6240 70TH AVENUE NO. STREET ADDRESS CITY-ST-ZIP, -CITY-ST-ZIP PINELLAS PARK FL 33781 <u>:-FI-33781</u> Delete VPD ☐ Change **Addition** TITLE Jim Neilson HIMBER, SANDRA NAME 145 104th Ave. STREET ADDRESS 612 OLEANDER WAY SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 3370b ST. PETERSBURG FL 33743 1sland Addition TITLE Delete TITLE ☐ Change Brenda Peterson NAME NAME STREET ADDRESS STREET ADDRESS 1442 Rosetvee Court CITY-ST-7P CITY-ST-7/P TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

YOU !