

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 09, 2000 8:00 am**  
**Secretary of State**

08-09-2000 90076 040 \*\*\*\*61.25

00077534

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> N00607	
<b>1. Entity Name</b> 700 NOKOMIS AVENUE CONDOMINIUM ASSOCIATION, INC. <i>P</i>	
<b>Principal Place of Business</b> 700 Nokomis Avenue Venice, FL 34285	<b>Mailing Address</b> 700 Nokomis Avenue Venice, FL 34285
<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
<b>4. FEI Number</b> 59-2334968	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> Victor B. Baga 700 Nokomis Avenue S. Venice, FL 33595	
<b>7. Name and Address of New Registered Agent</b> Name: Peggy J. Mason, D.M.D. Street Address (P.O. Box Number is Not Acceptable): 700 Nokomis Avenue S. City: Venice FL Zip Code: 34285	

**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 *Peggy J. Mason* DATE *7-28-00*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW:</b> FEE IS \$61.25	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD <input checked="" type="checkbox"/> Delete	NAME: Baga, Victor B.	TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Peggy J. Mason, D.M.D.
STREET ADDRESS: 700 Nokomis Avenue S.	CITY-ST-ZIP: Venice, FL 34285	STREET ADDRESS: 700 Nokomis Avenue S.	CITY-ST-ZIP: Venice, FL 34285
TITLE: STD <input checked="" type="checkbox"/> Delete	NAME: Bopitiya, Chandana	TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Jeanette Hiscocks
STREET ADDRESS: 700 Nokomis Avenue S.	CITY-ST-ZIP: Venice, FL 34285	STREET ADDRESS: 700 Nokomis Avenue S.	CITY-ST-ZIP: Venice, FL 34285
TITLE: D <input checked="" type="checkbox"/> Delete	NAME: Baga, Margaret	TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Craig Mason, M.D.
STREET ADDRESS: 700 Nokomis Avenue S.	CITY-ST-ZIP: Venice, FL 34285	STREET ADDRESS: 700 Nokomis Avenue S.	CITY-ST-ZIP: Venice, FL 34285
TITLE: D <input checked="" type="checkbox"/> Delete	NAME: Bopitiya, Shanti	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS: 700 Nokomis Avenue S.	CITY-ST-ZIP: Venice, FL 34285	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	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: *Peggy J. Mason* DATE: *7/21/00* DAYTIME PHONE #: *941-484-3551*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)

Attachment Loc#: NU06071 0051752

ABEL, BAND, RUSSELL, COLLIER, PITCHFORD & GORDON  
CHARTERED

MAILING ADDRESS:  
P.O. BOX 49948  
SARASOTA, FLORIDA 34230-6948

STREET ADDRESS:  
HUNTINGTON PLAZA  
240 SOUTH PINEAPPLE AVENUE  
SARASOTA, FLORIDA 34236

WATS (FROM TAMPA) 645-7105  
PHONE (941) 366-6660  
FAX (941) 366-3999

TANDEM CENTER  
SUITE 199  
333 TAMiami TRAIL SOUTH  
VENICE, FLORIDA 34285

PHONE (941) 485-8200  
FAX (941) 488-9436  
<http://www.abelband.com>

Reply To: Venice

ATTORNEYS AND COUNSELORS AT LAW

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JOHNSON S. SAVARY

ADDITIONAL JURISDICTIONS

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RONALD L. COLLIER - PA & NJ  
ANTHONY J. ABATE - IL  
STEVEN J. CHASE - GA  
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\*Board Certified Real Estate Lawyer  
\*\*Board Certified Civil Trial Lawyer  
\*\*\*Board Certified Business Bankruptcy Law  
American Board of Certification  
\*\*\*\*Board Certified Business Litigation Lawyer

August 2, 2000

Please refer to our file number:

Writer's Direct Line:  
(941) 485-8200 x28  
Writer's Direct E-mail:  
[KMidlam@Abelband.com](mailto:KMidlam@Abelband.com)

Florida Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

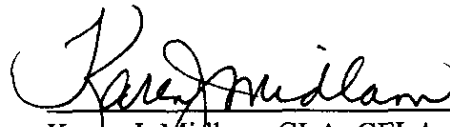
Re: 700 Nokomis Avenue Condominium Association, Inc./Filing of 2000 Uniform Business Report

Dear Sir or Madam:

In connection with the above-referenced corporation, enclosed please find an original 2000 Uniform Business Report to be filed with the Division, along with a check in the amount of \$61.25 representing the filing fee. Should you have any questions, or require any further information, please give us a call. Thank you.

Sincerely,

ABEL, BAND, RUSSELL, COLLIER,  
PITCHFORD & GORDON, CHARTERED

  
\_\_\_\_\_  
Karen J. Midlam, CLA, CFLA  
For The Firm

/kjm  
Check and Enclosure