

2002 UNIFORM BUSINESS REPORT (UBR)

5/27

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

05-27-2002 90491 009 ****70.00

DOCUMENT # NO1000008898

1. Entity Name

THE FLATS AT ROSEMARY BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 611351
 ROSEMARY BEACH FL 32461

P.O. BOX 611351
 ROSEMARY BEACH FL 32461

37625



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

02-6544910

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional 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)

City

FL

Zip Code

FREEDMAN, ROBERT S
 CARLTON FIELDS, P.A.
 ONE HARBOR PL
 TAMPA FL 33602

B. 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
 NAME: MCLEOD, P.L. JR Delete
 STREET ADDRESS: P.O. BOX 611351
 CITY-ST-ZIP: ROSEMARY BEACH FL 32461

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: VD
 NAME: HARDWICH, ROBERT M JR Delete
 STREET ADDRESS: P.O. BOX 611351
 CITY-ST-ZIP: ROSEMARY BEACH FL 32461

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: STD
 NAME: TUCKER, BRYAN K. Delete
 STREET ADDRESS: P.O. BOX 611351
 CITY-ST-ZIP: ROSEMARY BEACH FL 32461

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
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 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
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TITLE: Change 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 persons empowered.

SIGNATURE:

(Handwritten Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

(334) 270-6638

Date

Daytime Phone #

CR2E037 (9/01)