

FILED

Jun 18, 2003 8:00 am
Secretary of State

05-09-2003 90147 013 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N02000005294 1. Entity Name GOLDEN VERNA ESTATES ASSOCIATION, INC.			
Principal Place of Business 609 SOUTH TAMiami TRAIL VENICE FL 34285		Mailing Address 609 SOUTH TAMiami TRAIL VENICE FL 34285	
2. Principal Place of Business 26418 80TH DR E. Suite, Apt. #, etc.		3. Mailing Address PO Box 20964 Suite, Apt. #, etc.	
City & State Myakka City, FL		City & State Bradenton, FL	
Zip 34251		Zip 34204	
Country USA		Country USA	
4. FEI Number 20-0002178		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEITRICH, DAVID K 1111 THIRD AVENUE WEST SUITE 300 BRADENTON FL 34205		7. Name and Address of New Registered Agent Name <u>Michael Tringali</u> Street Address (P.O. Box Number is Not Acceptable) <u>9406 Hawksmoor Ln.</u> City <u>Sarasota</u> FL Zip Code <u>34238</u>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Michael Tringali</u> 5/1/03 <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. DIRECTOR Michael Tringali 9406 Hawksmoor Ln. Sarasota, FL 34238	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY Rick Tringali 9406 Hawksmoor Ln. Sarasota, FL 34238	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MARIA P. Tringali 9406 Hawksmoor Ln. Sarasota, FL 34238	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>Michael Tringali</u> 5/1/03 941-780-0637 <small>Date Daytime Phone #</small>	

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☐ CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)