

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000005843

1. Entity Name

UNIVERSITY COMMONS COMMERCIAL CENTER EAST
ASSOCIATION, INC.



Principal Place of Business

5109 CREEKSIDE TRAIL
SARASOTA, FL 34243

Mailing Address

5109 CREEKSIDE TRAIL
SARASOTA, FL 34243



07062004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

13-4259829

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DETORRES, JIM
5109 CREEKSIDE TRAIL
SARASOTA, FL 34243

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when restate)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
ARNOLD, TINA
160 POINTE LOOP DRIVE
VENICE, FL 34293

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
COZZI, ROBERT M
1038 WEST ROAD
NEW CANAAN, CT 06840

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
BROWN, STEPHEN J
205 S. HOOVER BLVD. TAMPA BAY MARINA CTR. 402
TAMPA, FL 33609

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

U000000167932
07/23/04-80002-008 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/04

Date

Overtime Phone #