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

DOCUMENT # N02000009343

LEEWARD BAY AT TARPON BAY CONDOMINIUM ASSOCIATIO



Mar 05, 2003 8:00 am Secretary of State 03-05-2003 90064 044 ****61.25

FILED

				, ~	WE THE	1			
Principal Place of Business Mai			ling Address	, , , , , , , , , , , , , , , , , , , ,		1 .			
			01 Walden Center D IITA Springs FL 3413						
2. Principal Place of Business 3. M			Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		<u>.</u>	4. FEI Number			pplied For	
Zip	Country	2	Zip	Country		5. Certificate of St	atus Desired	□ \$8.75 Ad	
	6. Name and Address of 0	Current Registe	red Agent			7 Nome and Add		Fee Require	ed
	<u> </u>	ourrent legiste	red Agent	Name		7. Name and Add	ress of New He	gistered Agent	
HASTINGS, VIVIEN N 24301 WALDEN CENTER DR., STE. 300 BONITA SPRINGS FL 34134									
					Address (I	P.O. Box Number is N	Not Acceptable)		
DUNITA	SPRINGS PL 34134			City	<u></u>			■ Zin Cod	
				'				FL Zip Cod	
8. The above	e named entity submits this state ations of registered agent.	ement for the pur	pose of changing its i	registered office of	or register	ed agent, or both, in	the State of Florid	da. I am familiar with,	and accept
	mons or registered agent.								
SIGNATURE	Signature, typed or printed name of registe	red agent and title if ar	nolicable (NOTE:	Registered Agent signa	the manifold	uban rainstation)			
·			(11012	Trogistered Agent aigna	nore 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 Florida	Check Payable Department of S	to State	
10.	OFFICERS A	AND DIRECTORS	3	T 11.	À	DOITIONS (CHANGE	S TO OFFICERS	AND DIRECTORS IN	
TITLE	PD		☐ Delete	TITLE	VPO	DDITIONS/CHANGE	3 TO OFFICERS		
NAME	TIEFENBACH, RENEE		_ boleto	NAME		SINOTONI	1440150	Change	Addition
STREET ADDRESS 24301 WALDEN CENTER DR., STE. 300				STREET ADDRESS	202	SINGTON, CLUBHOU	ISE DR.		
CITY-ST-ZIP	BONITA SPRINGS FL 3413	34		CITY-ST-ZIP	Su	J CITY CE	NTER F	L. 33573	, i
TITLE	VD		₩ Delete	TITLE				☐ Change	☐ Addition
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	KEITH, SYLVIA		Delete	NAME					
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STREET ADDRESS CITY-ST-ZIP			- Delete	NAME					
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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 Impowered.

SIGNATURE:

813-642-1454