

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

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90120 042 \*\*\*\*61.25

**DOCUMENT # N02042**



1. Entity Name  
**STICKNEY POINT OFFICE CENTER CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business  
**2750 STICKNEY POINT ROAD, SUITE 201  
SARASOTA FL 34231**

Mailing Address  
**2750 STICKNEY POINT ROAD, SUITE 201  
SARASOTA FL 34231**

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CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2420256**

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

**- DOOLEY, WILLIAM  
1432 1ST STREET  
SARASOTA FL 34236**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$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 **DVD**  Delete  
NAME **DOOLEY, WILLIAM R**  
STREET ADDRESS **2750 STICKNEY POINT RD**  
CITY-ST-ZIP **SARASOTA FL**

TITLE **DELETE**  Change  Addition

TITLE **STD**  Delete  
NAME **MACK, WENDY L.**  
STREET ADDRESS **2750 STICKNEY POINT RD**  
CITY-ST-ZIP **SARASOTA FL**

TITLE **P**  Change  Addition  
NAME **MACK, WENDY L.**  
STREET ADDRESS **2750 STICKNEY POINT ROAD**  
CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE **VPD**  Delete  
NAME **ELLIS, GARY**  
STREET ADDRESS **2750 STICKNEY POINT RD**  
CITY-ST-ZIP **SARASOTA FL**

TITLE  Change  Addition

TITLE  Delete

TITLE **TD**  Change  Addition  
NAME **HICKEY, MICHAEL T.**  
STREET ADDRESS **2750 STICKNEY POINT ROAD**  
CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE  Delete

TITLE **D**  Change  Addition  
NAME **BELLI, MELVIN A.**  
STREET ADDRESS **2750 STICKNEY POINT ROAD**  
CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE  Delete

TITLE  Change  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: **WENDY L. MACK** SIGNATURE REQUIRED **PRESIDENT** **1-16-03** **(941) 921-4636**

CR2E037 (10/02)