2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N05313 May 16, 2000 8:00 am Secretary of State 77 WEST COMMUNITY ASSOCIATION, INC. 05-16-2000 90112 017 ****61.25 Principal Place of Business . Mailing Address 312 77TH STREET N. W. 316 77TH ST NW **BRADENTON FL 34209 BRADENTON FL 34209-7224** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2475714 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) POPE. DANIEL B 316 77TH ST NW BRADENTON FL 34209 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 · · · OFFICERS AND DIRECTORS 11. 10. TITLE Change ☐ Addition TITLE ☐ Delete NAME Fasoli, Robert A. NAME STREET ADDRESS STREET ADDRESS 312 77TH ST NW CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** ☐ Delete TITLE Change ☐ Addition TITLE MILLER, ROBERT NAME NAME STREET ADDRESS 205 SILVER CREEK LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORWALK CT D۷ Charige ☐ Addition TITLE ☐ Delete TITLE POPE, DANIEL B. NAME NAME STREET ADDRESS STREET ADDRESS 316 77TH ST, N. W. CITY-ST-7IP CITY-ST-ZIP BRADENTON FL Change ☐ Addition TITLE ☐ Delete GIANGRECO, ALFREDO NAME 304 77TH ST. N. W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON FL CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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: ___ SICALITY SICALITY

4.25-00

941-795-7900

Daytime Phone #

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