

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90044 009 ****61.25

0006020

DOCUMENT # N06142
 1. Entity Name
THE BISHOPSCOURT TOWNHOMES ONE CONDOMINIUM ASSOC

Principal Place of Business CONDOMINIUM MANAGEMENT, INC. 1801 GLENGARY STREET SARASOTA FL 34231-0603	Mailing Address CONDOMINIUM MANAGEMENT, INC. 1801 GLENGARY STREET SARASOTA FL 34231-0603
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2465919	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 CONDOMINIUM MANAGEMENT, INC. 1801 GLENGARY STREET SARASOTA FL 34231-0603	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME P/D NEILD, LEE	<input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 42 BISHOPSCOURT ROAD		STREET ADDRESS	
CITY-ST-ZIP OSPREY FL 34229		CITY-ST-ZIP	
TITLE NAME S/D MAGEE, CONNIE	<input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 65 BISHOPSCOURT ROAD		STREET ADDRESS	
CITY-ST-ZIP OPREY FL 34229		CITY-ST-ZIP	
TITLE NAME T/D ROWAN, BOBBE	<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 416 BAYSHORE DR.		STREET ADDRESS	SEE ATTACHED
CITY-ST-ZIP OSPREY OH 34229		CITY-ST-ZIP	
TITLE NAME AS CLARK, P. RICHARD	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1801 GLENGARY STREET		STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34231		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 empowerments.

SIGNATURE: P. Richard Clark **P. Richard Clark** 4/24/01 951-921-5393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

Manager: PRC

Local Address

Date Printed:

04/24/01

Code

D	Mr. F. Joseph Bailey P.O. Box 5842 Sarasota, FL 34277	40
D	Mrs. Bobbe Rowan RFP Associates, Ltd. 416 Bayshore Dr. Osprey, FL 34229	40
D	Mr. Peter Rowan RFP Associates, Ltd. 416 Bayshore Dr. Osprey, FL 34229	40
AS	Mr. P. Richard Clark 1801 Glengary Street Sarasota, FL 34231	50
T	Ms. Amy Samelson 803 Bel-Air Star Parkway Sarasota, FL 34240	90

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