

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90093 017 ****61.25

DOCUMENT # N16050 1. Entity Name FAIRLANE PARK CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business % TOM D. COOK 4907 14TH STREET WEST BRADENTON, FL 34207		Mailing Address % TOM D. COOK 4907 14TH STREET WEST BRADENTON, FL 34207	
2. Principal Place of Business LOOK-BRADENTON LLC		3. Mailing Address SAME	
Suite, Apt. #, etc. 3505B AVENIDA MADERA		Suite, Apt. #, etc. SAME	
City & State BRADENTON FL		City & State SAME	
Zip 34210	Country USA	Zip SAME	Country SAME
6. Name and Address of Current Registered Agent COOK, TOM D. 4907 14TH STREET W. BRADENTON, FL 33507		7. Name and Address of New Registered Agent Name COOK, TOM D Street Address (P.O. Box Number is Not Acceptable) 3505B AVENIDA MADERA City BRADENTON, FL 34210	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD RICKER, MARK JACOB JR. 5608 37TH AVE E BRADENTON, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COOK, TOM D. 7118 WESTMORLAND DRIVE SARASOTA, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition COOK, TOM D 3505B AVENIDA MADERA BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COOK, MILDRED A. 428 WHISPERING OAKS CT. SARASOTA, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/12/04	
Daytime Phone # 941-753-9250			

44033084



04122004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2511632

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code