

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16379

1. Entity Name

SOUTH BRIDGE PARK CONDOMINIUM ASSOCIATION, INC.,

Principal Place of Business

1515 S TAMiami TRL
SUITE 6
VENICE FL 34292-3567
US

Mailing Address

1515 S TAMiami TRL
SUITE 6
VENICE FL 34292-3567
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0248176

Applied For

Not Applicable

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

CODVILLE, BRUCE H.
1515 S TAMiami TRL
SUITE 6
VENICE FL 34292-3567

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.

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. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CODVILLE, BRUCE
1515 SO TAMiami TRAIL STE 6A
VENICE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BARLETTA, RICHARD
1505 SO TAMiami TRAIL STE 403
VENICE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PESUT, DAN
1505 S. TAMiami TRAIL, STE 401A
VENICE FL 34292 ☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ 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:

BRUCE H. CODVILLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90036 049 ****61.25



DO NOT WRITE IN THIS SPACE

007:119

CR2E037 (10/00)

SOC 3-19-01 / 2304