

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

007744

DOCUMENT # N16603

1. Entity Name

THE CONDOMINIUM ASSOCIATION FOR THE BEACH PLACE, INC.

04-08-2002 90236 043 ****61.25

Principal Place of Business

Mailing Address

17906 CLEAR LAKE DR
 LUTZ FL 33549

17906 CLEAR LAKE DR
 LUTZ FL 33549

2. Principal Place of Business

3. Mailing Address

1111 BAYSHORE DR.

1111 BAYSHORE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

E-1

E-1

City & State

CLEARWATER, FLORIDA

City & State

CLEARWATER, FLORIDA

4. FEI Number

59-1987952

Applied For

Not Applicable

Zip

33759

Country

USA

Zip

33759

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REITES, WILLIAM D
 17906 CLEAR LAKE DR
 LUTZ FL 33549

Name **BERGIN, ED**

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

1111 BAYSHORE DR. E-1

City **CLEARWATER**

FL

Zip Code
33759

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]
 ED BERGIN

(Signature based on printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE **3-18-02**

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 REITES, WILLIAM D 17906 CLEAR LAKE DR LUTZ FL 33549	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BERGIN, ED 4913 PILGRIMS PKWY TAMPA FL 33611	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEHLE, JOHN 4516 NW 36TH TERRACE GAINESVILLE FL 32605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD IRBY, DAVID 9251 PINE COVE RD ENGLEWOOD FL 34224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERGIN, ED 1111 BAYSHORE DR. E-1 CLEARWATER, FL. 33759	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REITES, WILLIAM D. 17906 CLEAR LAKE DR LUTZ-FL 33548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-02 813 299 4999

Date Daytime Phone #

CP2E037 (9/01)