

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23964

1. Entity Name

SOUTH BRIDGE PARK CONDOMINIUM ASSOCIATION, INC.,

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90031 002 ****61.25

Principal Place of Business

Mailing Address

1515 SO TAMiami TRAIL STE 6A
SUITE 301
VENICE FL 34292
US

1515 SO TAMiami TRAIL STE 6A
SUITE 301
VENICE FL 34292-3557
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2700336

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
1515 SO TAMiami TRAIL
STE 6A
VENICE FL 34292

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

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

TITLE SD ☒ Delete
NAME SIMES, LINDA
STREET ADDRESS 1525 S TAMiami TRAIL 601
CITY-ST-ZIP VENICE FL

TITLE SD ☒ Change ☒ Addition
NAME ALAN KNAPP
STREET ADDRESS 1531 S TAMiami TRAIL-702A
CITY-ST-ZIP VENICE FL 34292

TITLE TD ☐ Delete
NAME JAQUITH, MICHAEL
STREET ADDRESS 1525 S TAMiami TRAIL 601
CITY-ST-ZIP VENICE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 empowered.

SIGNATURE:

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

Date

Daytime Phone #

CR2E037 (9/99)