

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90472 001 ***245.00

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DOCUMENT # N23964

1. Entity Name

**SOUTH BRIDGE PARK CONDOMINIUM ASSOCIATION, INC.,
NO. 4**



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

1525 S. TAMIAHI TRAIL

3. Mailing Address

← SAME

Suite, Apt. #, etc.

603

Suite, Apt. #, etc.

← SAME

City & State

VENICE FL

City & State

← SAME

Zip

34292

Country

SARASOTA

Zip

← SAME

Country

☐ CHECK HERE IF MAKING CHANGES

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

CODVILLE, BRUCE
1515 SO TAMIAHI TRAIL
STE 6A
VENICE FL 34292

7. Name and Address of New Registered Agent

Name

CODVILLE BRUCE

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

1525 S. TAMIAHI TRAIL #603

City

VENICE

FL

Zip Code

34292

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

[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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CODVILLE, BRUCE H
1535 SO TAMIAHI TRAIL STE 603
VENICE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
KNAPP, ALAN
1531 S. TAMIAHI TRAIL -702A
VENICE FL 34292

☐ Delete

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)