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

FILED Mar 17, 2003 8:00 am Secretary of State

DOCL								
1. Entity Na	JMENT # N33242 OMEOWNERS ASSOCIATION			i		90212 024 **		
Principal Pla	ace of Business	Mailing Address						
BOX 20022 BRADENTON FL 34203		BOX 20022 BRADENTON FL 34203						
				•] (480)((8 1 688)((6 1		ANDI: 01011 01011 01011	AFAJI ADADI INAL
2. Principal	Place of Business	3. Mailing Address						
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.			c+	IECK HERE IF M	IAKING CHANGE	S
City & State		City & State			4. FEI Number 65-0133550			Applied For
Zip <u>•</u>	Country	Zip	Country		5. Certificate of State	us Desired	\$0.7E	dditional
	6. Name and Address of Curren	t Registered Agent		*#1.3-	7. Name and Addre	s of New Regist		
			Name	JOHN		PHY		· · · · · · · · · · · · · · · · · · ·
MALEBR	Streel Address (P.O. Box Number is Not Acceptable)							
	rewery's bluff Nton Fl 34203	•	64	707	DREWRY	15 111	146	
			City	1		2 124-		nde
8. The above	re named entity submits this statement f	or the number of changing its	registered office of	SKA.	DENTON	State of Clasida	FL Zip Co	<u>03</u>
the obliga	ations of registered agent.	or the purpose or origing his r	rogistored office o	n registere	a agent, or both, in the	s state of Florida.	ram lamiliar witi	i, and accept
	Chil Din	in les						
SIGNATURE	Signature, good or printed name of registered agen	and the if applicable. (NOTE:	Registered Agent signs	iture required s	when reinstating)		DATE	 -
	FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund Co			\$5.00 May Be Added to Fees		check Payable epartment of	
10.	OFFICERS AND D	RECTORS	11.	Ā	DDITIONS/CHANGES	TO OFFICERS AN	ND DIRECTORS II	N 10
TITLE	PD	☐ Delete	TITLE				☐ Change	Addition
NAME	MURPHY, JOHN		NAME					
STREET ADORESS CITY-ST-ZIP	Tool Distillio Ocoli		STREET ADDRESS City-St-zip					!
TITLE	BRADENTON FL 34203 VPD		■ U(117.51-Z)F					
ITILE	1 ** =	□ - · ·	- -					
NAME	I PERRY JAMES	☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS	PERRY, JAMES	☐ Delete	- -				☐ Change	☐ Addition
	,	☐ Delete	TITLE NAME	. ,	₹. ∼ri∮n meed	51 A L. A L. Sec. 144 - 1	☐ Change	☐ Addition
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2. Indeby carrily that the information supplied with this filling 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 eath; 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:

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