

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45813

1. Entity Name

THE VILLAGE AT BEEKMAN PLACE HOMEOWNERS' ASSOCIA

Principal Place of Business

4301 32ND STREET W., A19  
BRADENTON FL 34205

Mailing Address

4301 32ND STREET W., A19  
BRADENTON FL 34205

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

C & S CONDO MGMT SERVICES, INC.  
4301 32ND STREET W., A19  
BRADENTON FL 34205

4. FEI Number 65-0315742

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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

TITLE PD  
NAME MILLER, BOB  
STREET ADDRESS 4318 EDENROSE  
CITY-ST-ZIP SARASOTA FL 34237 ☐ Delete

TITLE VPD  
NAME KUSHEL, ROGER  
STREET ADDRESS 4388 EDENBRIDGE CR  
CITY-ST-ZIP SARASOTA FL 34237 ☐ Delete

TITLE SD  
NAME ARGUER, MARY  
STREET ADDRESS 3338 YOUNG AVE  
CITY-ST-ZIP SARASOTA FL 34237 ☐ Delete

TITLE TD  
NAME KAUFMAN, PAUL  
STREET ADDRESS 4303 BEEKMAN PLACE  
CITY-ST-ZIP SARASOTA FL 34237 ☐ Delete

TITLE D  
NAME RANKIN, LEE  
STREET ADDRESS 4371 EDENBRIDGE CT  
CITY-ST-ZIP SARASOTA FL 34237 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE  
NAME Mary Aigner  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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: Robert L. Miller (Robert L. Miller) 1-30-2001 941-758-9454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE

5/1/01