

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90261 010 ****61.25

0076353

DOCUMENT # N49123

1. Entity Name

SAN PEDRO BAY PROPERTY ASSOCIATION, INC.

Principal Place of Business

**2791 E MARYLUE ST
 INVERNESS FL 34453
 US**

Mailing Address

**2791 E MARY LUE ST
 INVERNESS FL 34453
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3165355

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SOJKA, LINDA J
 2791 E MARY LUE ST
 INVERNESS FL 34453**

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

Linda J. Sojka (No change)

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 NAME ☐ Delete
D ROE, MICHAEL
 STREET ADDRESS **4241 BENCHMARK TR.**
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

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

TITLE NAME ☐ Delete
VPD GREEN, ED
 STREET ADDRESS **PO BOX 771 N/A**
 CITY-ST-ZIP **WEBSTER FL 33597**

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

TITLE NAME ☐ Delete
STD SOJKA, LINDA J.
 STREET ADDRESS **2791 E. MARY LUE ST.**
 CITY-ST-ZIP **INVERNESS FL**

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

TITLE NAME ☒ Delete
~~**D SUMNER, KENNETH**~~
~~STREET ADDRESS **553 SILVER COURSE CIR.**~~
~~CITY-ST-ZIP **OCALA FL 34472**~~

TITLE NAME ☐ Change ☒ Addition
PRES/DIR MARSHALL LEE
PO BOX 334
GOULDS, FL 33170

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 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:

Linda J. Sojka

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

352-860-0879

Daytime Phone #

CR2E037 (10/00)