

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90742 035 ****61.25

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

7300 Richardson Rd.

3. Mailing Address

7300 Richardson Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, Fl.

City & State

Sarasota, Fl.

4. FEI Number **59-3165355**

Applied For

Not Applicable

Zip

34240

Country

USA

Zip

34240

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Robert H. Gould

Street Address (P.O. Box Number is Not Acceptable)
7300 Richardson Rd.

City
Sarasota

FL

Zip Code
34240

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 *Robert H. Gould*
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	VPD GREEN, ED RT 1 BOX 553 MADISON FL 32340 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SOJKA, LINDA J. 2791 E MARY LUE ST. INVERNESS FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEE, MARSHALL PO BOX 334 MIAMI FL 33170 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIEGLER, GARY 161 ARTIST AVE ENGLEWOOD FL 34233 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Ed Ciesla 1316 Zellwood Dr. Brandon, Fl. 33511 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Michael Roe P.O.Box 16184 Tallahassee, Fl. 32317 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D John Alan Langworthy 9160 Langworthy Dr. Brooksville, Fl. 34613 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Robert H. Gould 7300 Richardson Rd. Sarasota, Fl. 34240 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D B.J. Dotson P.O.Box 314 MooreHaven, Fl. 33471 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 H. Gould* **Robert H. Gould** 3 March 2003 941 371-7165

CR2E037 (10/02)