2002 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2002 8:00 am Secretary of State **DOCUMENT # N50120** THE CIRCLE "C" SUBDIVISION HOMEOWNERS' ASSOCIATI 03-06-2002 90019 008 ****61.25 Principal Place of Business Mailing Address 15057 - 16TH DR., E. 15057 16TH DR., E. **BRADENTON FL 34202-9329 BRADENTON FL 34202-9329** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0493623 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 34212-9329 34212-9329 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) STRAITS, THOMAS W 15057 16TH DR., E. **BRADENTON FL 34202** Zip Code 8. The above named entry submits this statement fatthe purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE t and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ,10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change ☐ Addition STRAITS, THOMAS W. NAME NAME 15057 16TH DRIVE EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP D۷ TITLE ☐ Delete TITLE ☐ Change ■ Addition DILL. JOHN NAME NAME 14857 16TH DRIVE EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON FL-CITY-ST-ZIP = DT ☐ Addition TITLE ☐ Delete TITLE STRAITS, LORI C. NAME NAME 15057 16TH DRIVE EAST STREET ADDRESS STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Defete WADSWORTH, BOB NAME 14957 16TH DRIVE EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34202** CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

941 748 5667

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