

DOCUMENT # N50120

1. Entity Name

THE CIRCLE "C" SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.**FILED**
Jan 27, 2005 08:00 AM
Secretary of State

Principal Place of Business

**15057 - 16TH DR., E.
BRADENTON FL 34212-9329
US**

Mailing Address

**15057 - 16TH DR., E.
BRADENTON FL 34212-9329
US**

2. Principal Place of Business

3. Mailing Address

Suite Apt. #, etc.

Suite Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

65-0493623

Applied For

Not Applicable

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

**STRAITS, THOMAS W
15057 16TH DR., E.
BRADENTON FL 34212-9329**

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2005**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DP	STRAITS, THOMAS W.	15057 16TH DRIVE EAST	BRADENTON FL 34212-9329				
DV	DILL, JOHN	14857 16TH DRIVE EAST	BRADENTON FL 34212-9329				
DT	STRAITS, LORI C.	15057 16TH DRIVE EAST	BRADENTON FL 34212-9329				
DS	WADSWORTH, BOB	14957 16TH DRIVE EAST	BRADENTON FL 34212-9329				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-05 941 748 5667