

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000430

1. Entity Name

THE FOUNDRY HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90070 005 \*\*\*\*61.25

Principal Place of Business

201 FRONT ST., SUITE 103  
 KEY WEST FL 33040

Mailing Address

201 FRONT ST., SUITE 103  
 KEY WEST FL 33040-8346

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0919182

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

CHRISTIAN, STERLING J  
 201 FRONT ST., SUITE 103  
 KEY WEST FL 33040

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.

STERLING CHRISTIAN  
 OPERATIONS DIRECTOR

(NOTE: Registered Agent signature required when reinstating)

3/13/00

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 P/D  Delete  
 NAME COLEMAN, JERRY  
 STREET ADDRESS 101 FRONT ST., #15  
 CITY-ST-ZIP KEY WEST FL 33040

TITLE V/D  Delete  
 NAME FAUBER, TED  
 STREET ADDRESS 51 FRONT ST.  
 CITY-ST-ZIP KEY WEST FL 33040

TITLE STD  Delete  
 NAME SHARKEY, CAROLANN  
 STREET ADDRESS 503 NOAH LANE  
 CITY-ST-ZIP KEY WEST FL 33040

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE P/D  Change  Addition  
 NAME CHARLES MCCARTHY  
 STREET ADDRESS 711 MAINE ST.  
 CITY-ST-ZIP POLAND SPRING, ME 04274

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 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:

JERRY COLEMAN  
 OPERATIONS DIRECTOR

3/13/00

Date

292-3095

Daytime Phone #

CR2E037 (9/99)