

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90279 014 ****61.25

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1. Entity Name

UMBRELLA BEACH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

1501 GULF DR. NO
BRADENTON BEACH, FL 34217

Mailing Address

1501 GULF DR. NO
BRADENTON BEACH, FL 34217



04202007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

65-0660394

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VALENTE, JAMES
1501 GULF DRIVE NO
BRADENTON BEACH, FL 34217

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	KSIAZEK, ADAM
STREET ADDRESS	1501 GULF DR N.
CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	TDP
NAME	SHEPHARD, MARVIN
STREET ADDRESS	1501 GULF DR N.
CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	DS
NAME	MIRK, PATRICK
STREET ADDRESS	1501 GULF DR. N.
CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	DT
NAME	CARSON, CAROLE
STREET ADDRESS	1501 GULF DRIVE NORTH
CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	D
NAME	FLYNN, BARRY
STREET ADDRESS	1501 GULF DR N
CITY-ST-ZIP	BRADENTON BEACH, FL 34217
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

Adam Ksiazek

4/22/07 941.778 6667