

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90040 035 ****61.25

DOCUMENT # N95000000897

1. Entity Name

LEWIS CIRCLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**276 LEWIS CIRCLE
 PUNTA GORDA FL 33950**

**276 LEWIS CIRCLE
 PUNTA GORDA FL 33950-5258**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0581525

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

**KEESLING, KLINTON
 276 LEWIS CIRCLE
 UNIT 111
 PUNTA GORDA FL 33950**

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.

(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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	KEESLING, KLINTON	
STREET ADDRESS	276 LEWIS CIRCLE, UNIT 111	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	ZECKSER, TERRY	
STREET ADDRESS	276 LEWIS CIRCLE, UNIT 111	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HATCH, JOHN	
STREET ADDRESS	1684 BLUE LAKE CIRCLE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 1.19.07(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-00

Date

941-639-3166

Daytime Phone #

CR2E037 (9/99)