## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jul 05, 2001 8:00 am Secretary of State DOCUMENT # N9500001736 07-05-2001 90009 018 \*\*\*\*61 25 ROSEDALE 6-A HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 5100 87TH ST., E PO BOX 20521 **BRADENTON FL 34202 BRADENTON FL 34204** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0577052 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 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) HARTMANN, ALBERT 5046 88TH ST E **BRADENTON FL 34202** Zip Code 8. The above named entity aubmits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, ty Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD Delete TITLE ☐ Change ☐ Addition TITLE HARTMAN, ALBERT NAME NAME STREET ADDRESS 5046 88TH ST E STREET ADDRESS **BRADENTON FL 34202** CITY-ST-ZIP CITY-ST-ZIP VPD ☐ Change TITLE ☐ Delete TITLE ☐ Addition FEHNEL, EDGAR NAME 4939 88TH ST E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34202** CITY-ST-ZIP SATD ☐ Addition TITLE ☐ Delete TITLE ☐ Change SYMONS, JAMES NAME NAME STREET ADDRESS 4942 88TH ST E STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34202** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE YOUNGBLOOD, JAMES NAME NAME STREET ADDRESS 4947 88TH ST E STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34202** CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete GOLDMAN, MITCHELL NAME STREET ADDRESS STREET ADDRESS 4935 88TH ST E CITY-ST-ZIP **BRADENTON FL 34202** CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME

FILED

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP