

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000005811**

1. Entity Name

ENDLESS SUMMER CONDOMINIUM ASSOCIATION, INC.

P

FILED**Aug 31, 2000 8:00 am**
Secretary of State

08-31-2000 90005 006 ****61.25

Principal Place of Business

Mailing Address

UNIT A, #1 16TH STREET
ST. AUGUSTINE BEACH FL 32084UNIT A, #1 16TH STREET
ST. AUGUSTINE BEACH FL 32084

00000130



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3384966

Applied For

Not Applicable

Zip

32080

Country

Zip

32080

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

BAILEY, JOHN D SR.
UNIT A, #1 16TH STREET
ST. AUGUSTINE BEACH FL 32084

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

32080

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**After September 13, 2000 min. will be \$236.25**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 PD ☐ Delete
NAME BAILEY, JOHN D SR.
STREET ADDRESS 47 AVISTA CIRCLE
CITY-ST-ZIP ST. PETERSBURG FL 32084 32080TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP ST. AUGUSTINE FL 32080TITLE VPD ☐ Delete
NAME BAILEY, MARK F
STREET ADDRESS 309 REDWING LANE
CITY-ST-ZIP ST. AUGUSTINE FL 32084 32080TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP ZIP 32080TITLE STD ☐ Delete
NAME TINLIN, CHARLES J
STREET ADDRESS 1 16TH STREET, UNIT C
CITY-ST-ZIP ST. AUGUSTINE BEACH FL 32084 32080TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP ZIP 32080TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-
8-23-00 823-1517

CR2E037 (5/00)