

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 11, 2002 8:00 am**
Secretary of State

02-11-2002 90071 015 ****61.25

DOCUMENT # N96000001507

1. Entity Name

VILLAGE AT BEEKMAN PLACE SECTION 3 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**4301 32RD ST. W
SUITE A19
BRADENTON FL 34205
US****4301 32RD ST. W
SUITE A19
BRADENTON FL 34205
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0569992

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

**C+S CONDOMINIUM MANAGEMENT-SER INC
4301 32RD ST W
SUITE A19
BRADENTON FL 34205**

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 \$61.259. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	SPENCER, TROY	4457 EDINBRIDGE CIR	SARASOTA FL 34235	<input checked="" type="checkbox"/>
D	KUNKEL, CHARLOTTE	4389 EDINBRIDGE CIR	SARASOTA FL 34235	<input checked="" type="checkbox"/>
D	FULLER, SANDRA	4393 EDINBRIDGE CIR	SARASOTA FL 34235	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	MICHAEL ANDERSON	4441 EDINBRIDGE CIR	SARASOTA FL 34235	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D	ELAINE BARNATT	4437 EDINBRIDGE CIR	SARASOTA FL 34235	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	JERRY KAGAN	4444 EDINBRIDGE CIR	SARASOTA FL 34235	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 #

**1/24/02 (941)
359-9228**

CR2E037 (9/01)