## 2003 NOT-FOR-PROFIT CORPURATION UNIFORM BUSINESS REPORT (UBR)

## FILED Aug 29, 2003 8:00 am Secretary of State

DOCUMENT # N9600001507  1. Entity Name VILLAGE AT BEEKMAN PLACE SECTION 3 CONDOMINIUM A SSOCIATION, INC.						08-29-2003	3 90092 0	11 ***	*61.25			
Principal Place of Business 4301 32RD ST. W SUITE A19 BRADENTON FL 34205 US			Mailing Address 4301 32RD ST. W SUITE A19 BRADENTON FL 34205 US			1 #864990		1277 2041 <b>1510</b> 1	N <b>osi t</b> ali i	) 		
2. Principal Place of Business 3. M			3. Mailing Address						III. III. FIAT	Keel enii l		
			<u></u>	Suite, Apt. #, etc.				CHECK HERE I	F MAKING (			_
City & Sta	te	·	City & State			4. FEI Number 6	5-0569992	- 15 - 15 - 15 - 15 - 15 - 15 - 15 - 15	<del></del>	oplied For lot Applicable	B	
Zip	Zip Country Zip		Zip	Country			5. Certificate of Status Desired					
	6. Name	and Address of Current	Registered Agent		Name		7. Name and Add	iress of New Re	gistered Ag	ent		7
C+S CONDOMINIM MANAGEMENT SER INC 4301 32RD ST W SUITE A19 BRADENTON FL 34205				<u>.</u>		dress (P	20. Box Number is	Not Acceptable)				_
				}	City		<del>-</del>	- D	FL	Zip Cot	de	-
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 a	and title if applicable. (NOTE	: Registered	Agent signature	required v	when reinstating)	<del> </del>	DATE	<del></del>	<del></del>	}
		: FEE IS \$61.25 2003, min will be \$2	9. Election Carr 36.25 Trust Fund C			ָ ֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֞	\$5.00 May Be Added to Fees		e Check F Departm			7
10		OFFICERS AND DIF		11.		A	DDITIONS/CHANG	ES TO OFFICER				ļ
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NAME STREET ADDRESS CITY-ST-ZIP	KAGAN, JI 4444 EDIN	erry Bridge Cir A Fl. 34235	Delete	NAME STREET CITY-S	ADORESS	:		1		] Change	Addition	-
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CITY-ST-ZIP				CITY-S			·	द्धदुः				4
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NAME STREET CITY-S'	ADDRESS 1-71P					Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			□ Qelste	THE NAME STREET CITY-ST	Address 1-zip			1		Change	Addition	
12. I hereby of indicated of the conchanged,	certify that the on this repor poration or th or on an atta	information supplied with t or supplemental report is e receiver or trustee empor chment with an address, w	this filling does not qualify for the true and accurate and that my wered to execute this report a that all other like empowered.	he exemp signatur s required	otion stated e shall have d by Chapte	in Sect the sa or 617, F	ion 119.07(3)(i), Flo me legal effect as if Florida Statutes; and	rida Statutes. I fu made under oat I that my name a	rther certify h; that I am a ppears in Bl	that the in an officer o ock 10 or	formation or director Block 11 if	1

## **NOT-FOR-PROFIT CORPORATION**

Attachment ++

U	NIFURM BUSINE	35 KEPUKI	80142040				
DOCUI  1. Entity Nam	MENT #	,		N9600	000130	7	
1	DO NOT WRITE	IN THIS SE	PACE				
2. Principal P	lace of Business	3. Mailing Address		,			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & Stat	9	City & State		4. FEI Number		Applied For	
Zip	Country	Zip	Country	5. Certificate of Status		Not Applicable 75 Additional	
and the second second				7. Name and Address o		Required	
			Name				
	- DO NOT WI	RITE · · · · · ·	⇒ Street Address (	P.O. Box Number is Not Acceptable)			
	· IN THIS SP	ACE					
			City		FL <sup>2</sup>	Вр Сосе	
	named entity submits this statement for ions of registered agent.	the purpose of changing its i	registered office or register	red agent, or both, in the s	tate of Florida. I am familia	r with, and accept	
ine congar	or a or registered egorit.					;	
SIGNATURE .	Signature, typed or printed name of registered agent a	od tila if anniicable (NOTE	: Registered Agent signature required	Hayben zeinstration	DATE		
	FEE IS \$61.25 Initial or Amended UBR		npaign Financing	\$5.00 May Be Added to Fees	Make Check Pa Florida Departme	yable to nt of State	
10.	OFFICERS AND DIR	ECTORS	Section of the second	Page 1			
TITLE			THUE "	Color Control (1997)		102)	
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NAME STREET ADDRESS			NAME				
CITY-ST-ZIP			CITY-ST-ZIP	reservation to the second			

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 on an attachment with an address, with all other like empowered.

SIG	NAT	UR	E:
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #