

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 12, 2000 8:00 am
Secretary of State

04-05-2000 90083 050 ****61.25

DOCUMENT # **N96000001533**
 1. Entity Name **Treetops Bay Condominium Ass.**

Principal Place of Business **SAME**
 Mailing Address **2424 Bay Dr. Bradenton FL 34207**

2. Principal Place of Business **SAME**
 3. Mailing Address **SAME**

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country **MANATEE**
 Zip
 Country **MANATEE**

4. FEI Number **65-0660372**
 Applied For
 Not Applicable

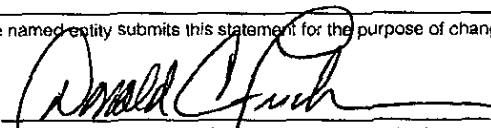
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Donald C. Fischer TREASURER
2424 Bay Dr.
Bradenton FL 34207

7. Name and Address of New Registered Agent
 Name **SAME**
 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 

3-31-00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW
FEES \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

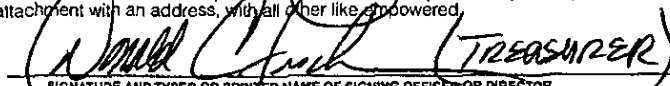
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Phillip M Weaver ☐ Delete 2426 Bay Drive Bradenton FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Phillip M Weaver ☐ Delete 2426 Bay Drive Bradenton FL 34207 (D)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M. Joan Weaver ☐ Delete 2426 Bay Drive Bradenton FL 34207 (D)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Donald C. Fischer ☐ Change ☒ Addition 2424 Bay Dr. Bradenton FL 34207 (D)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tom Bozora ☐ Change ☒ Addition 2424 Bay Dr. Bradenton FL 34207 (D)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M. Joan Weaver ☐ Change ☒ Addition 2426 Bay Dr Bradenton FL 34207 (D)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  **(TREASURER)**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00 **941-757-1076**
 Date Daytime Phone #

CR2E037 (9/99)