2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002639

1. Entity Name

SIDE-BY-SIDE CONDOMINIUM ASSOCIATION, INC.

FILED
Jul 11, 2000 8:00 am
Secretary of State
07-11-2000 90001 040 ****61.25

Principal Place of Business	Mailing Address
1234 RIDING ROCKS LANE PUNTA GORDA FL 33950 US	1234 RIDING ROCKS LANE PUNTA GORDA FL 33950-5815 US

[redacted]

DO NOT WRITE IN THIS SPACE

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 65-0673811 ☐ 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
REIFEIS, CARL H 1234 RIDING ROCKS LANE SIDE A PUNTA GORDA FL 33950	Name 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to FLA Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FRENCH, RICHARD B 1234-112 RIDING ROCKS LANE PUNTA GORDA FL 33950	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FRENCH, NANCY S 1234-112 RIDING ROCKS LANE PUNTA GORDA FL 33950	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD REIFEIS, CARL H 1234-112 RIDING ROCKS LANE PUNTA GORDA FL 33950	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD REIFEIS, MARY E 1234-112 RIDING ROCKS LANE PUNTA GORDA FL 33950	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

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: Carl H Reifeis ELECTRONICALLY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 06/20/2000

(941) 575-2637 Daytime Phone # (Has Message Machine)

Carl H Reifeis