

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name N96000005566

PLACIDA WAY CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7648 Lockwood Ridge Road

3. Mailing Address

7648 Lockwood Ridge Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34243

Country

Zip

34243

Country

4. FEI Number

65-0284563

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Nolan Crawford

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

7648 Lockwood Ridge Road

City

Sarasota

FL

Zip Code

34243

**DO NOT WRITE
IN THIS SPACE**

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

Nolan Crawford

NOLAN CRAWFORD

9-30-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. **D** OFFICERS AND DIRECTORS

TITLE **Nolan Crawford**
NAME
STREET ADDRESS
CITY-ST-ZIP
7648 Lockwood Ridge Road
Sarasota, FL 34243

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

700008403337
10/16/02--01070--018 **61.25

TITLE **VP/D**
NAME
STREET ADDRESS
CITY-ST-ZIP
Jack Hunnicut
P. O. Box 6363
Bradenton, FL 34281

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T/D**
NAME
STREET ADDRESS
CITY-ST-ZIP
Nancy Talbot
5707 45th St E, #12
Bradenton, FL 34203

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

Nolan Crawford NOLAN CRAWFORD 4-29-02

APPROVED
HAND
FILED

02 OCT -9 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700008403337

10/16/02--01070--019 **297.50

REINSTATEMENT

2000-2006

CR2E037B (12/01)