

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90088 010 ****61.25

DOCUMENT # N97000003430

1. Entity Name

CHARLOTTE/SARASOTA CHAPTER OF THE NATIONAL ASSOCIATION OF RESIDENTIAL PROPERTY MANAGERS, INC.

Principal Place of Business

Mailing Address

1599 PLACIDA
 ENGLEWOOD FL 34223
 US

1599 PLACIDA
 ENGLEWOOD FL 34223
 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

65-0801076

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

HEIST, H. ANTHONY
1661 ESTERO BLVD
SUITE 20
FT MYERS BEACH FL 33931

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
 NAME **BRANDOW, STEPHANIE**
 STREET ADDRESS **704 VENICE AVE**
 CITY-ST-ZIP **VENICE FL 34285**

TITLE **D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DE** ☒ Delete
 NAME **FRYE, KATHERINE**
 STREET ADDRESS **779 TAMiami TRAIL**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33953**

TITLE **Joyce KLINGLE** ☐ Change ☒ Addition
 NAME **22392 WESTCHESTER BLVD**
 STREET ADDRESS **PORT CHARLOTTE, FL 33980**
 CITY-ST-ZIP

TITLE **DV** ☒ Delete
 NAME **HART, CHRISTINE**
 STREET ADDRESS **1600 ENGLEWOOD ROAD**
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **MAGGIORE, NANCY**
 STREET ADDRESS **1203 W MARION AVE**
 CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **DE** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **SMITH, GRETCHEN**
 STREET ADDRESS **2256 KENYA LANE**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33983**

TITLE **DP** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** ☐ Delete
 NAME **SCHAEFFER, CAROLYN**
 STREET ADDRESS **P O BOX 5101**
 CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE ☐ Change ☐ Addition
 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 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 #

CR2E037 (9/01)