

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90104 044 ****61.25

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DOCUMENT # N97000003736

1. Entity Name

WESTBRIDGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

613 OAK AVE
 CLEARWATER FL 33756
 US

PO BOX 413
 CLEARWATER FL 33757
 US

2. Principal Place of Business

307 JASMINE WAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

4. FEI Number

59-3457848

Applied For

Not Applicable

Zip

33756

Country

US

Zip

Country

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

DRAZKOWSKI, MICHAEL A
 613 OAK AVE
 CLEARWATER FL 33756

Name **DRAZKOWSKI, MICHAEL A.**

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

City **CLEARWATER** FL Zip Code **33756**

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 *Michael Drazkowski* **MICHAEL DRAZKOWSKI** **12 April '01**
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 NAME PSD Delete
 DRAZKOWSKI, MICHAEL
 STREET ADDRESS 613 OAK AVE
 CITY-ST-ZIP CLEARWATER FL 33756

TITLE NAME Change Addition
 STREET ADDRESS **307 JASMINE WAY**
 CITY-ST-ZIP **CLEARWATER, FL 33756**

TITLE NAME D Delete
 DRAZKOWSKI, LINDA
 STREET ADDRESS 613 OAK AVE
 CITY-ST-ZIP CLEARWATER FL 33756

TITLE NAME Change Addition
 STREET ADDRESS **307 JASMINE WAY**
 CITY-ST-ZIP **CLEARWATER, FL 33756**

TITLE NAME D Delete
 KNAPMEYER, DONALD C
 STREET ADDRESS 635 CLEVELAND STREET
 CITY-ST-ZIP CLEARWATER FL 34615

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 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: *Michael Drazkowski* **Michael Drazkowski** **President** **12 April '01** **727-4420418**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)