

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

3. Mailing Address

307 JASMINE WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CLEARWATER, FL

4. FEI Number

59-3457848

Applied For

Not Applicable

Zip

Country

Zip

Country

33756

US

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

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

MICHAEL DRAZKOWSKI

12 April '01

(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
 STREET ADDRESS
 CITY-ST-ZIP
 PSD
 DRAZKOWSKI, MICHAEL
 613 OAK AVE
 CLEARWATER FL 33756 ☐ Delete

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

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

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

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

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

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

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☐ Delete

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:

Michael Drazkowski
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 April '01

Date

Daytime Phone #

727-4420418

CR2E037 (10/00)