

**2003 NOT-FOR-PROFIT CORPORATION.  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90856 038 \*\*\*\*61.25

DOCUMENT # **N97000003736**

1. Entity Name  
**NESTBRIDGE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**07 JASMINE WAY  
CLEARWATER FL 33756  
US**

Mailing Address  
**PO BOX 413  
CLEARWATER FL 33757  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**1796 BROOKSIDE BLVD  
LARGO, FLORIDA**

3. Mailing Address  
**PO Box 1992  
LARGO, FLORIDA**

4. FEI Number **59-3457848** Applied For  
 Not Applicable

Zip **33770** Country **US**

5. Certificate of Status Desired  **\$8.75 Additional  
Fees Required**

6. Name and Address of Current Registered Agent  
**DRAZKOWSKI, MICHAEL A  
307 JASMINE WAY  
CLEARWATER FL 33756**

7. Name and Address of New Registered Agent  
Name **Joel D. Broida**  
Street Address (P.O. Box Number is Not Acceptable)  
**605 75th Ave**  
City **St Pete Bch** FL Zip Code **33706**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Joel D Broida** *Joel Broida* **2/18/03**  
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 Florida Department of State

10. OFFICERS AND DIRECTORS

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSD<br>DRAZKOWSKI, MICHAEL<br>307 JASMINE WAY<br>CLEARWATER FL 33756    | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DRAZKOWSKI, LINDA<br>307 JASMINE WAY<br>CLEARWATER FL 33756        | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KNAPMEYER, DONALD C<br>635 CLEVELAND STREET<br>CLEARWATER FL 34615 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PRES<br>FINKLE, LARRY<br>1796 BROOKSIDE BLVD<br>LARGO, FL 33770     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>UP<br>ALTHEA, MARTY<br>217 WATER VIEW CT.<br>SAFETY HARBOR FL 34695 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JOETTA FINKLE<br>1796 BROOKSIDE BLVD.<br>LARGO, FL 33770            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Joetta Finkle* **Joetta Finkle** **2/15/03** **727-433-1099**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)