

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

2. Principal Place of Business

1796 BROOKSIDE BLVD
Suite, Apt. #, etc.
LARGO, FLORIDA
City & State

3. Mailing Address

PO Box 1992
Suite, Apt. #, etc.
LARGO, FLORIDA
City & State



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3457848**

Applied For

Not Applicable

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES FINKLE, LARRY 1796 BROOKSIDE BLVD LARGO, FL 33770	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALTMAN, MARY 212 WATERVIEW CT. SAFETY HARBOR FL 34695	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOETTA FINKLE 1796 BROOKSIDE BLVD. LARGO, FL 33770	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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)