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

DOCUMENT # N9700006819



FILED Feb 13, 2003 8:00 am Secretary of State

1. Entity Name	SET PLACE CONDOMINIUM A	ASSOCIATION, INC.	ı			02-13-2003 90	215 031 ****61	1.25	
Principal Place of Business 115 SW FIRST STREET STEINHATCHEE FL 32359 US		Mailing Address 11229 EAST RIVERVIEW DR. RIVERVIEW FL 33569					ı		
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2. Principal Place of Business		3. Mailing Address				0111 10011 03111 00111 08111 	00441 #1 5110 61401 10101 141		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 5			pplied For • ot Applicable	
Zip :	Country	Zip	Cour	ntry	5. Certificate of	Status Desired [□ \$8.75 Add Fee Require		
·	6. Name and Address of Current I	Registered Agent			7. Name and Ad	dress of New Regis	tered Agent		
SÓLANO, ROBERT L 11229 EAST RIVERVIEW DR. RIVERVIEW FL 33569				Name Love Street Address (P.O. Box Number is	Not Acceptable)	o f		
				City Perry			FL Zip Cod	34.8	
8. The above	named entity submits this statement for	r the purpose of changing its	registere	d office or register	red agent, or both, i	n the State of Florida	. I am familiar with,	and accept	
the obligat	ions of registered agent.								
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CICNIATURE	MATTE					2/	11/03		i
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable. (NOTI	E: Registered	Agent signature required	d when reinstating)	2/	11/03 DATE		:
	Signature, typed or printed name of registered agent of the second of th	and title if applicable. (NOTI 9. Election Car Trust Fund C	npaign Fi	nancing on.	\$5.00 May Be Added to Fees	Florida i	Check Payable Department of	State	:
		9. Election Car Trust Fund C	mpaign Fil Contributio	nancing on.	\$5.00 May Be Added to Fees		Department of	State	
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIF DP SOLANO, ROBERT L 11229 EAST RIVERVIEW DR.	9. Election Car Trust Fund C	npaign Fin Contribution 11. TITLE, NAME	nancing on. Dividi PR TVE	\$5.00 May Be Added to Fees ADDITIONS/CHAN R SIDENT OVE 54 W SI.	GES TO OFFICERS RSTACET 98 WEST	Department of	State	E037 (10/02)
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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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP

850 584 9163

☐ Addition

☐ Change