

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****May 06, 2002 8:00 am**
Secretary of State

05-06-2002 90034 019 ****61.25

DOCUMENT # N98000002006

1. Entity Name

BERMUDA BAY CLUB 3 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

%CONDOMINIUM MANAGEMENT INC
1801 GLENGARY ST
SARASOTA FL 34231**%CONDOMINIUM MANAGEMENT INC**
1801 GLENGARY ST
SARASOTA FL 34231

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0933964

Applied For

Not Applicable

Zip

Country

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****CONDOMINIUM MANAGEMENT INC**
1801 GLENGARY ST
SARASOTA FL 34231

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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 **PD** ☐ Delete
NAME **BURKE, MARY LOU**
STREET ADDRESS **1427 GULF DRIVE NORTH**
CITY-ST-ZIP **BRADENTON BEACH FL 34217**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☒ Delete
NAME **DONOVAN, JOHN**
STREET ADDRESS **1459 GULF DRIVE NORTH**
CITY-ST-ZIP **BRADENTON BEACH FL 34217**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **STD** ☐ Delete
NAME **BURKE, JAMES**
STREET ADDRESS **1427 GULF DRIVE NORTH**
CITY-ST-ZIP **BRADENTON BEACH FL 34217**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **AS** ☐ Delete
NAME **CLARK, P R**
STREET ADDRESS **1801 GLENGARY ST**
CITY-ST-ZIP **SARASOTA FL 34231**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **SEE ATTACHED**TITLE **AT** ☐ Delete
NAME **CLARK, PAUL R JR**
STREET ADDRESS **1801 GLENGARY ST**
CITY-ST-ZIP **SARASOTA FL 34231**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P. Richard Clark **4/16/02 (941) 981-5393**
Date Daytime Phone #

CR2E037 (9/01)