

2001 UNIFORM BUSINESS REPORT (UBR)

5/3.

FILED
Jun 02, 2001 8:00 am
Secretary of State

05-03-2001 90915 033 ****61.25

DOCUMENT # N98000005207

1. Entity Name

FIDDLER'S BEND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2802 TERRA CEIA BAY BLVD.
 PALMETTO FL 34221

Mailing Address

PO BOX 191
 PALMETTO FL 34220

2. Principal Place of Business

2915 Fiddlers Bend
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Palmetto FL

City & State

4. FEI Number

65-0877456

Applied For

Not Applicable

Zip

34221

Country

USA

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAW, KEITH L
 2907 FIDDLERS BEND
 PALMETTO FL 34221

7. Name and Address of New Registered Agent

Name Susan Humphreys

Street Address (P.O. Box Number is Not Acceptable)
 2915 Fiddlers Bend

City Palmetto

FL

Zip Code 34221

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

4/26/01

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ZEHNER, A A	
STREET ADDRESS	15933 CLAYTON ROAD	
CITY-ST-ZIP	BALLWIN MO 63022-0100	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TEPPER, JAMES D	
STREET ADDRESS	15933 CLAYTON ROAD	
CITY-ST-ZIP	BALLWIN MO 63022-0100	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MCCARTNEY, MICHAEL	
STREET ADDRESS	2802 TERRA CEIA BAY BLVD	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenny, J.	
STREET ADDRESS	2920 Fiddlers Bend	
CITY-ST-ZIP	Palmetto FL 34221	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Voye, G.	
STREET ADDRESS	2903 Fiddlers Bend	
CITY-ST-ZIP	Palmetto FL 34221	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Humphreys, S.	
STREET ADDRESS	2915 Fiddlers Bend	
CITY-ST-ZIP	Palmetto FL 34221	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zorens, P.	
STREET ADDRESS	2904 Fiddlers Bend	
CITY-ST-ZIP	Palmetto FL 34221	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wine, W.	
STREET ADDRESS	2911 Fiddlers Bend	
CITY-ST-ZIP	Palmetto FL 34221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/01

941 737-1233

CR2E037 (10/00)