

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005207

1. Entity Name

FIDDLER'S BEND CONDOMINIUM ASSOCIATION, INC.

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90136 040 ****61.25

00120001



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2915 FIDDLERS BEND
PALMETTO FL 34221

Mailing Address

PO BOX 191
PALMETTO FL 34220

2. Principal Place of Business

2810 FIDDLERS BEND

3. Mailing Address

Suite, Apt. #, etc.

City & State

PALMETTO, FL

City & State

Zip

Country

34221

USA

Zip

Country

4. FEI Number

65-0877456

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUMPHREYS, SUSAN
2915 FIDDLERS BEND
PALMETTO FL 34221

7. Name and Address of New Registered Agent

Name JACQUELINE C. DENTON

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

2810 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jacqueline C. Denton

(NOTE: Registered Agent signature required when reinstating)

July 15, 2002

DATE

After September 13, 2002,
min. will be \$236.25.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KENNY, J 2920 FIDDLERS BEND PALMETTO FL 34221	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VOYE, G 2903 FIDDLERS BEND PALMETTO FL 34221	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUMPHREYS, S 2915 FIDDLERS BEND PALMETTO FL 34221	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZORENS, P 2904 FIDDLERS BEND PALMETTO FL 34221	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD WINE, W 2913 FIDDLERS BEND PALMETTO FL 34221	<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"/> 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	TD DENTON, J 2810 FIDDLERS BEND PALMETTO, FL 34221	<input checked="" 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	DD HARDER, H 2921 FIDDLERS BEND PALMETTO, FL 34221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (4/02)

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: JACQUELINE C. DENTON 7/15/02 (941) 721-4773