

2000 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
May 11, 2000 8:00 am
Secretary of State

03-22-2000 90079 036 ****61.25

DOCUMENT # N99000003379
 1. Entity Name
3RD AVENUE CONDOMINIUM ASSOCIATION OF HOLMES BEA

Principal Place of Business Mailing Address
525 8TH STREET WEST **525 8TH STREET WEST**
BRADENTON FL 34205 **BRADENTON FL 34205-8508**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
S306 CORTEZ RD. W **S306 Cortez RD. W.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Unit 4 **Unit 4**

City & State City & State
BRADENTON FL **BRADENTON FL.**

4. FEI Number Applied For
65-0970274 Not Applicable

Zip Country Zip Country
34210 **MANATEE** **34210** **MANATEE**

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~MAPES, REED W~~
~~525 8TH STREET WEST~~
~~BRADENTON FL 34205~~

7. Name and Address of New Registered Agent
MARK P. CARAHER
 Street Address (P.O. Box Number is Not Acceptable)
5306 CORTEZ RD. W UNIT 4
 City **BRADENTON** FL Zip Code **34210**

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 **MARK P. CARAHER** DATE **March 18 2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution. **Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input checked="" type="checkbox"/> Delete
NAME	MAPES, REED W	
STREET ADDRESS	525 8TH STREET WEST	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	VPB	<input checked="" type="checkbox"/> Delete
NAME	MAPES, MARY D	
STREET ADDRESS	525 8TH STREET WEST	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HENBRICKSON, ROBERT W III	
STREET ADDRESS	POST OFFICE BOX 400 N/A	
CITY-ST-ZIP	BRADENTON FL 34208-0400	
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	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK P. CARAHER	
STREET ADDRESS	5306 CORTEZ RD W UNIT 4	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERRE A DUBOIS	
STREET ADDRESS	5306 CORTEZ RD W UNIT 4	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANN LEE WASHBURN	
STREET ADDRESS	5306 CORTEZ RD W UNIT 4	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 19.07(2)(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: **MARK P. CARAHER** DATE **March 18 2000** DAYTIME PHONE # **7901426**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)