

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90023 047 ****61.25

DOCUMENT # N07125

1. Entity Name

5300 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 5306 CORTEZ RD., W. BRADENTON FL 34210	Mailing Address 5306 CORTEZ RD., W. BRADENTON FL 34210-2821
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>Suite, Apt. #, etc.</i>		3. Mailing Address <i>Suite, Apt. #, etc.</i>	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2619856	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

PARNES, ROBERT
5306 CORTEZ RD WEST #3
BRADENTON FL 34210

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	DUNCAN, DEARL
STREET ADDRESS	5306 CORTEZ RD W. #1
CITY-ST-ZIP	BRADENTON FL
TITLE	D <input type="checkbox"/> Delete
NAME	LANCASTER REALTY, INC
STREET ADDRESS	5306 CORTEZ RD W, #4
CITY-ST-ZIP	BRADENTON FL
TITLE	D <input type="checkbox"/> Delete
NAME	CLEANERS, CORTESY
STREET ADDRESS	5306 CORTEZ RD., #5
CITY-ST-ZIP	BRADENTON FL
TITLE	PTD <input type="checkbox"/> Delete
NAME	PARNES, ROBERT
STREET ADDRESS	5306 CORTEZ RD W. #3
CITY-ST-ZIP	BRADENTON FL
TITLE	D <input type="checkbox"/> Delete
NAME	CABLISH, HOMER
STREET ADDRESS	5306 CORTEZ RD W #2
CITY-ST-ZIP	BRANDENTON FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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 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]* **4/5/00** **941 794 3276**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)