FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 15, 2001 8:00 am Secretary of State **DOCUMENT # 729097** 1. Entity Name 02-15-2001 90001 025 ****61.25 SARA-SEA OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address C/O P.O. BOX 17306 6708 SARA SEA CIRLCE SARASOTA FL 34242 SARASOTA FL 34276 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1718819 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **BONNEY, JUNE** 6708 SARASEA CIRCLE #2 SARASOTA FL 34242 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition Change □ Delete TITLE TITLE NAME ROTO, DOM NAME STREET ADDRESS STREET ADDRESS 6708 SARA SEA CRICLE CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 00000 DVP Delete TITLE Change Addition TITLE June Bonney 206 General Circle RING. MARTIN NAME NAME STREET ADDRESS STREET ADDRESS 2780 71ST-CT W CITY-ST-ZIP Lansing M CITY-ST-ZIP **BRADENTON FL 34209** Delete TITLE Change Addition TITLE Robert Leyland JOHNSON, ROBERT NAME NAME STREET ADDRESS 424 MONOMOSCOY RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MASHPEE MA 02649 ☐ Delete TITLE Change Change ☐ Addition TITLE WILKINS, PAUL NAME NAME STREET ADDRESS STREET ADDRESS 6706 SARA SEA CIR CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL TIT) E \mathcal{D}^{2} **X** Change ☐ Addition TITLE ☐ Delete NAME KREGER, DAVID NAME STREET ADDRESS STREET ADDRESS 24220 ONEIDA CITY-ST-ZIP CITY-ST-ZIP OAK PARK MI 48237-1749 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

DESCRIPTIONE BONNEY 2-12-01

Date

Date