

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90230 006 ****61.25

DOCUMENT # 729097

1. Entity Name

SARA-SEA OWNERS ASSOCIATION, INC.



Principal Place of Business

**6708 SARA SEA CIRLCE
SARASOTA FL 34242**

Mailing Address

**C/O P.O. BOX 17306
SARASOTA FL 34276
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1718819**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BONNEY, JUNE
6708 SARASEA CIRCLE #2
SARASOTA FL 34242**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to -
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	ROTO, DOM	6708 SARA SEA CRICLE SARASOTA, FL 00000	☐ Delete			
	DVT	BONNEY, JUNE	205 GENARD CR LANSING MI 48917	☐ Delete			
	DP	WILKINS, PAUL	6706 SARA SEA CIR SARASOTA FL	☐ Delete			
	DS	KREGER, DAVID	24220 ONEIDA OAK PARK MI 48237-1749	☒ Delete			
	D	LEYLAND, ROBERT	6706 SARAS SARASOTA FL 34242	☐ Delete			
				☐ Delete			

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

June Bonney **JUNE BONNEY**
21403 2493

CR2E037 (10/02)