

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90402 009 ****61.25

DOCUMENT # 751507

1. Entity Name

CHANDLERS FORDE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**5766 BRONX AVENUE
STE A
SARASOTA FL 34231**

Mailing Address

**5766 BRONX AVENUE
STE A
SARASOTA FL 34231**

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 **59-2007509**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MANAGEMENT CONCEPTS OF SARASOTA CO
5766 BRONX AVE
SUITE A
SARASOTA FL 34231**

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

Sherron A. Mendelsohn, Treas.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/03/03

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 **PD** ☐ Delete
NAME **MATTHEI, WESLEY G**
STREET ADDRESS **4675 CHANDLERS FORDE**
CITY-ST-ZIP **SARASOTA FL 34235**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Delete
NAME **HUCK, CLIFFORD**
STREET ADDRESS **4651 CHANDLERS FORDE**
CITY-ST-ZIP **SARASOTA FL 34235**

TITLE **VD** ☐ Change ☒ Addition
NAME **Caufield, Edmund**
STREET ADDRESS **4713 Chandlers Forde**
CITY-ST-ZIP **Sarasota FL 34235**

TITLE **SD** ☒ Delete
NAME **CUDWORTH, ALLEN**
STREET ADDRESS **4671 CHANDLERS FORDE**
CITY-ST-ZIP **SARASOTA FL 34235**

TITLE **SD** ☐ Change ☒ Addition
NAME **Corbett, Barbara**
STREET ADDRESS **4551 Chandlers Forde**
CITY-ST-ZIP **Sarasota FL 34235**

TITLE **TD** ☒ Delete
NAME **ENGEL, HOWARD**
STREET ADDRESS **2779 RINGWOOD MEADOW**
CITY-ST-ZIP **SARASOTA FL 34235**

TITLE **TD** ☐ Change ☒ Addition
NAME **Mendelsohn, Sherman**
STREET ADDRESS **4643 Chandlers Forde**
CITY-ST-ZIP **Sarasota FL 34235**

TITLE **D** ☒ Delete
NAME **FEAKES, MIM**
STREET ADDRESS **4603 CHANDLERS FORDE**
CITY-ST-ZIP **SARASOTA FL 34235**

TITLE **D** ☐ Change ☒ Addition
NAME **Schulte, Andrew**
STREET ADDRESS **4520 Chandlers Forde**
CITY-ST-ZIP **Sarasota FL 34235**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Sherron A. Mendelsohn, Treas.

04/03/03

CR2E037 (10/02)