

7/21

FILED  
Aug 13, 2002 8:00 am  
Secretary of State

07-02-2002 90814 017 \*\*\*\*61.25

2002 UNIFORM BUSINESS REPORT (UBR)

1/2/2002-90814-01

DOCUMENT # N01000003612

1. Entity Name  
SECLUDED OAKS HOMEOWNERS' ASSOCIATION OF SARASOT  
A, INC.

Principal Place of Business  
8510 COASH LANE  
SARASOTA FL 34241

Mailing Address  
98 SARASOTA CENTER BOULEVARD  
SUITE D  
SARASOTA FL 34240

41440



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
98 Sarasota Center Blvd.

3. Mailing Address

Suite, Apt. #, etc.  
# 0

Suite, Apt. #, etc.

City & State  
Sarasota FL

City & State

Zip  
34240

Country  
U.S.A.

Zip

Country

4. FEI Number  
04-3664730

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

LANIER, JAMES H  
8510 COASH LANE  
SARASOTA FL 34241

7. Name and Address of New Registered Agent

Name  
David McNabb

Street Address (P.O. Box Number is Not Acceptable)

98 Sarasota Center Blvd, Suite D

City  
Sarasota

FL

Zip Code  
34240

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  
*James H Lanier*

*David McNabb*

6-24-02  
DATE

FILE NOW: FEE IS \$81.25

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fee

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME D David McNabb STREET ADDRESS 98 Sarasota Center Blvd, Suite D CITY-ST-ZIP Sarasota, FL 34240	<input type="checkbox"/> Delete
TITLE NAME D Vice President Marcus Helmutt STREET ADDRESS 98 Sarasota Center Blvd, Suite D CITY-ST-ZIP Sarasota, FL 34240	<input type="checkbox"/> Delete
TITLE NAME D Secretary Jessica Martini STREET ADDRESS 98 Sarasota Center Blvd, Suite D CITY-ST-ZIP Sarasota, FL 34240	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR26037 (8/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/02 941-379-2946  
Date Daytime Phone #

**2002 UNIFORM BUSINESS REPORT (UBR)**

1/2/2002-90814-017-561.25-561.25

DOCUMENT # **NO1000003612**

1. Entity Name

**SECLUDED OAKS HOMEOWNERS' ASSOCIATION OF SARASOT A, INC.**

41423  
Attachment

Principal Place of Business 8510 COASH LANE SARASOTA FL 34241	Mailing Address 98 SARASOTA CENTER BOULEVARD SUITE D SARASOTA FL 34240
---	---

2. Principal Place of Business 98 Sarasota Center Blvd. Suite, Apt. #, etc. #0	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State Sarasota FL	City & State
Zip 34240	Country U.S.A.

4. FEI Number 04-3464730	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**LANIER, JAMES H  
8510 COASH LANE  
SARASOTA FL 34241**

7. Name and Address of New Registered Agent  
Name **David McNabb**  
Street Address (P.O. Box Number is Not Acceptable)  
**98 Sarasota Center Blvd., Suite D**  
City **Sarasota** FL Zip Code **34240**

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 *James H Lanier* DATE **6-24-02**  
Signature, typed or printed name of registered agent and date applicable. (NOTE: Registered Agent signature required when releasing)

FILE NOW: FEE IS \$81.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME <b>D</b> STREET ADDRESS CITY-ST-ZIP <b>President David McNabb 98 Sarasota Center Blvd., Suite D Sarasota, FL 34240</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME <b>D</b> STREET ADDRESS CITY-ST-ZIP <b>Vice President Marcus Helmuth 98 Sarasota Center Blvd., Suite D Sarasota, FL 34240</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME <b>D</b> STREET ADDRESS CITY-ST-ZIP <b>Secretary Jessica Martin 98 Sarasota Center Blvd., Suite D Sarasota, FL 34240</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

All 3 are directors

12. I hereby certify that the information furnished with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information 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* DATE **6/27/02** PHONE **941-379-2946**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2037 (9/01)