2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State
07-22-2002 90161 029 ****61.25

DOCUMENT # N18166

1. Entity Name

SOUTHFIELD SUBDIVISION MAINTENANCE AND PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5766 BRONX AVE. STE A SARASOTA FL 34231 US	5766 BRONX AVE. STE A SARASOTA FL 34231 US

DO NOT WRITE IN THIS SPACE

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 65-0035924 ☐ 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
MANAGEMENT CONCEPTS OF SARASOTA COUNTY INC 5550 BEE RIDGE ROAD SUITE E-3 SARASOTA FL 34233	Name Street Address (P.O. Box Number is Not Acceptable) 5766 Bronx Avenue, Ste A City Sarasota **FL** Zip Code 34231

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

After September 13, 2002, min. will be $236.25.

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 / STREET ADDRESS / CITY-ST-ZIP	VD ALTWEN, DAVID 4759 SPRINGMEADOW LANE SARASOTA FL 34233	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ASHBY, SCOTT 4607 MEADOWVIEW CIRCLE SARASOTA FL 34233	☐ Delete	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ALGER, SANDIE 4692 LONGLAKE DRIVE SARASOTA FL 34233	☒ Delete	TD Tucker, Neil 4696 Springmeadow Lane Sarasota FL 34233	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MANGIE, JAMES 4699 SPRING MEADOW LANE SARASOTA FL 34233	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KNEGO, JOHN 4758 SPRINGMEADOWN LANE SARASOTA FL 34233	☐ Delete	VD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	SD Farris, John 4719 Meadowview Circle Sarasota FL 34233	☐ Change ☒ Addition

CR2E037 (4/02)

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: [illegible] JAMES MANGIE 7/16/02 941-924-5241