

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30201

1. Entity Name

THE TREETOPS AT NORTH FORTY HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

5899 WHITEFIELD AVENUE
SUITE 107
SARASOTA FL 34243
US

Mailing Address

5899 WHITEFIELD AVENUE
SUITE 107
SARASOTA FL 34243
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

ADVANCED MANAGEMENT, INC
9031 TOWN CENTER PKWY
BRADENTON, FLORIDA
34202 MANATEE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0108730

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

Name

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

City

FL

Zip Code

ADVANCED MANAGEMENT, INC.
5899 WHITEFIELD AVENUE
SUITE 107
SARASOTA FL 34243

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

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME BUTZ, WILLIAM
STREET ADDRESS 4228 PLACID DR
CITY-ST-ZIP SARASOTA FL 34243 ☒ Delete

TITLE President
NAME Suzanne Bortous
STREET ADDRESS 4210 St. Clair Dr.
CITY-ST-ZIP Sarasota, FL 34243 ☐ Change ☒ Addition

TITLE VPD
NAME KIELAR, VINCENT
STREET ADDRESS 7815 ONTARIO ST. CIRCLE
CITY-ST-ZIP SARASOTA FL 34243 ☐ Delete

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

TITLE TD
NAME FOX, TANA
STREET ADDRESS 4203 ST CHARLES DRIVE
CITY-ST-ZIP SARASOTA FL 34243 ☐ Delete

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

TITLE SD
NAME WAID, RUTHANN
STREET ADDRESS 4212 ST CLAIR DRIVE
CITY-ST-ZIP SARASOTA FL 34243 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Vice President
NAME Becky Sherry
STREET ADDRESS 7813 Geneva Ln.
CITY-ST-ZIP Sarasota, FL 34243 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)