2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State
02-27-2002 90055 007 ****70.00

DOCUMENT # N31379

1. Entity Name

LAUREL OAK COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7751 BEE RIDGE RD. SARASOTA FL 34240 US	7751 BEE RIDGE RD. SARASOTA FL 34240 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 65-0162838 ☐ 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
DART, JOHN M 1549 RINGLING BLVD. SUITE 600 SARASOTA FL 34236	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.

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BECKER, ~~WOIFYANG~~ WOLFGANG 3302 CHARLES MCDONALD DRIVE SARASOTA FL 34240	☐ Delete	TITLE 2-VPD NAME STREET ADDRESS CITY-ST-ZIP	2ND VICE PRES. BECKER, WOLFGANG 3302 CHARLES MACDONALD DR. SARASOTA, FL 34240	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATD MEEKS, JIM 7422 ALBERT TILLINGHAST DRIVE SARASOTA FL 34240	☐ Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MEEKS, JIM 7422 Albert Tillinghast DR. SARASOTA, FL 34240	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CORBELT, BARBARA 2662 DICK WILSON DR. SARASOTA FL 34240	☒ Delete	TITLE 1-VPD NAME STREET ADDRESS CITY-ST-ZIP	1ST VICE PRESIDENT UNGER, JAMES 2811 Dick Wilson DR. SARASOTA, FL 34240	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD BILAN, PETER 7458 ALBERT TILLIGHAST DR. SARASOTA FL 34240	☒ Delete	TITLE BM NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER PEZZATI, PETER 2979 Dick Wilson DR. SARASOTA, FL 34240	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JOHNSTON ~~JHONSTON~~, SHANNON 3070 DICK WILSON DRIVE SARASOTA FL 34240	☐ Delete	TITLE SFD NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER JOHNSTON, SHANNON 3070 Dick Wilson Dr. SARASOTA, FL 34240	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE AS NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT SECRETARY LEDER, SHARON 7751 Bee Ridge Rd SARASOTA, FL 34243	☐ Change ☒ Addition

CR2E037 (9/01)

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: SHARON L. LEDER ASSISTANT SECRETARY 2/15/02 (941) 377-2994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #