

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

0081029

DOCUMENT # N31379

1. Entity Name

LAUREL OAK COMMUNITY ASSOCIATION, INC.



Principal Place of Business

**7751 BEE RIDGE RD.
SARASOTA FL 34240
US**

Mailing Address

**7751 BEE RIDGE RD.
SARASOTA FL 34240
US**

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. 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

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	2VP	☒ Delete	TITLE	2ND VICE PRESIDENT	☐ Change ☒ Addition
NAME	BECKER, WOLFGANG		NAME	RICHARD RAYNE	
STREET ADDRESS	3302 CHARLES MCDONALD DRIVE		STREET ADDRESS	2854 WILFRED REID CIR	
CITY-ST-ZIP	SARASOTA FL 34240		CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE	PD	☒ Delete	TITLE	1ST VICE PRESIDENT	☐ Change ☒ Addition
NAME	MEEKS, JIM		NAME	DAVID SHUKOVSKY	
STREET ADDRESS	7422 ALBERT TILLINGHAST DRIVE		STREET ADDRESS	7647 ALBERT TILLINGHAST	
CITY-ST-ZIP	SARASOTA FL 34240		CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE	1VPD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	UNGER, JAMES		NAME	JAMES UNGER	
STREET ADDRESS	2811 DICK WILSON DR		STREET ADDRESS	2811 DICK WILSON DR	
CITY-ST-ZIP	SARASOTA FL 34240		CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE	BMD	☒ Delete	TITLE	BMD	☐ Change ☒ Addition
NAME	PEZZATO, PETER		NAME	JAMES BILLINGS	
STREET ADDRESS	2979 DICK WILSON DR		STREET ADDRESS	3333 CHARLES MCDONALD DR	
CITY-ST-ZIP	SARASOTA FL 34240		CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	STD	☐ Delete	TITLE	SAME	☐ Change ☐ Addition
NAME	JHONSTON, SHANNON		NAME		
STREET ADDRESS	3070 DICK WILSON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34240		CITY-ST-ZIP		
TITLE	AS	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	LEDER, SHARON		NAME		
STREET ADDRESS	7751 BEE RIDGE ROAD		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34293		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:

SIGNATURE REQUIRED

3/13/03

SHANNON R. JHONSTON

941-377-2974

CR2E037 (10/02)