FILED 2002 UNIFORM BUSINESS REPORT (UBR) Mar 25, 2002 8:00 am DOCUMENT # **N37405 Secretary of State** 1. Entity Name 03-25-2002 90071 021 ****61.25 HUNTINGTON POINTE COMMUNITY ASSOCIATION, INC. Principal Place of Business Mailing Address MANAGEMENT.CONCEPTS MANAGEMENT CONCEPTS 5766 BRONX AVE. STE. A 5766 BRONX AVE. STE. A SARASOTA FL 34231 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-0333000 Not Applicable \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired 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) MANAGEMENT CONCEPTS OF SARASOTA CO INC MANAGEMENT CONCEPTS 5766 BRONX AVE. STE. A City Zip Code SARASOTA FL 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Addition TITLE ☐ Delete NAME NAME LINHARES, IKE STREET ADDRESS STREET ADDRESS **4239 HEARTHSTONE DRIVE** CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Addition TITLE PD ☐ Delete TITLE ☐ Change NAME MILLS. ROBERT STREET ADDRESS STREET ADDRESS 4269 HEARTHSTONE DRIVE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34238 TITLE ☐ Change ■ Addition TITLE □ Delete NAME NAME DOYLE, RAY STREET ADDRESS STREET ADDRESS 4218 HEARTHSTONE DRIVE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34238 ☐ Addition TITLE ☐ Delete ☐ Change NAME HAMILL, JACK STREET ADDRESS STREET ADDRESS 4196 HEARTHSTONE DRIVE CITY-ST-ZIP CITY-ST-ZIP <u>Sarasota FL 34238</u> TITLE ☐ Delete ☐ Addition SD

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

FORSYTHE, ARTHUR

SARASOTA FL 34238

4161 HEARTHSTONE DRIVE

NAME

TITLÉ

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-7IP

☐ Delete

☐ Change

☐ Addition

(9/01)