

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90081 006 ****61.25

DOCUMENT # N98000001819

1. Entity Name

SERENOA LAKES COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7000 IBIS STREET
 SARASOTA FL 34241

7000 IBIS STREET
 SARASOTA FL 34241-9391

2. Principal Place of Business

3. Mailing Address

505 SIMMONS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SARASOTA FL

4. FEI Number

65-0835769

Applied For

Not Applicable

Zip

Country

Zip

Country

34232-1715

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

SILBERSTEIN, DAVID M
720 SOUTH ORANGE AVENUE
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	PTD	<input type="checkbox"/> Delete
NAME	BISPHAM, CYRUS G SR	
STREET ADDRESS	7000 IBIS STREET	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	D	<input type="checkbox"/> Delete
NAME	GASTON, STEVE	
STREET ADDRESS	2201 CANTU COURT, SUITE 110	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MEDRED, ROBERT	
STREET ADDRESS	6320 TOWER LANE	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	SAT	<input type="checkbox"/> Delete
NAME	JARED, DEANNA	
STREET ADDRESS	505 SIMMONS AVENUE	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Deanna S. Jared* **SIGNATURE REQUIRED** *DEANNA S. JARED* **DATE:** *1-23-00* **DAYTIME PHONE #:** *941-378-9599*

CR2E037 (9/99)