

2000 UNIFORM BUSINESS REPORT (UBR)

0067369

DOCUMENT # N98000005205

1. Entity Name

NORTH ORANGE ESTATES HOMEOWNERS ASSOCIATION, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR 29 PM 4: 59

Principal Place of Business

Mailing Address

~~1060 OREGON CT~~
~~SARASOTA FL 34236~~

~~1060 OREGON CT~~
~~SARASOTA FL 34236-3343~~

2. Principal Place of Business

1180 52nd Street

Suite, Apt. #, etc.

3. Mailing Address

1180 52nd Street

Suite, Apt. #, etc.

City & State

Sarasota, FL 34234

Zip

Country

City & State

Sarasota, FL 34234

Zip

Country

4. FEI Number

NOT APPLICABLE

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

~~THOMPSON, STEPHEN W~~
~~1205 MANATEE AVENUE WEST~~
~~BRADENTON FL 34205~~

Lonnie Ward Jr
1180 52nd St
Sarasota FL 34234

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 PSD
NAME WARD, LONNIE JR
STREET ADDRESS 1060 OREGON CT
CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete

TITLE
NAME
STREET ADDRESS 1180 52nd Street
CITY-ST-ZIP Sarasota, FL 34234 ☐ Change ☐ Addition

TITLE VD
NAME WARD, JAMES
STREET ADDRESS 1060 OREGON CT
CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete

TITLE
NAME
STREET ADDRESS same as above
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME TROUPE, FLORA
STREET ADDRESS 1060 OREGON CT
CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete

TITLE
NAME
STREET ADDRESS same as above
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS 800003189298--9
CITY-ST-ZIP -03/30/00--01006--011 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: Lonnie Ward Jr 3-29-00 360-8145

CR2E037 (9/99)