

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

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90433 020 ****61.25

DOCUMENT # N96000001431

1. Entity Name

East Lake Oaks Homeowners Association

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2430 Estancia Blvd.

3. Mailing Address

2430 Estancia Blvd.

Suite, Apt. #, etc.

Suite 114

Suite, Apt. #, etc.

Suite 114

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33761

Country

USA

Zip

33761

Country

USA

4. FEI Number

59-3375272

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

FLORIDA CENTRAL MANAGEMENT

Street Address (P.O. Box Number is Not Acceptable)

2430 Estancia Blvd

Suite 114

City

Clearwater

FL

Zip Code

33761

**DO NOT WRITE
IN THIS SPACE**

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.

Robert M. Norek - Senior Vice President

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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

TITLE
NAME
P/D
Valencia, Lisa
STREET ADDRESS
1731 Split Fork Drive
CITY-ST-ZIP
Oldsmar, FL 34677

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
VP/D
Sheinbert, Gary
STREET ADDRESS
1761 Hawthorne Ct.
CITY-ST-ZIP
Oldsmar, FL 34677

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
S/D
Potenza, Roz
STREET ADDRESS
1776 Split Fork Drive
CITY-ST-ZIP
Oldsmar, FL 34677

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
T/D
Sadorf, Sharon
STREET ADDRESS
1729 Split Fork Drive
CITY-ST-ZIP
Oldsmar, FL 34677

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
D
Caruso, Marcello
STREET ADDRESS
1773 Split Fork Drive
CITY-ST-ZIP
Oldsmar, FL 34677

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Lisa Valencia LISA VALENCIA, PRES. 4-4-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)