

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

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

04-17-2003 90626 010 ****61.25

DOCUMENT # N96000001431

1. Entity Name

EASTLAKE OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**2430 ESTANCIA BLVD
STE 114
CLEARWATER FL 33761**

Mailing Address

**2430 ESTANCIA BLVD
STE 114
CLEARWATER FL 33761**

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 **59-3375272**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA CENTRAL MANAGEMENT
2430 ESTANCIA BLVD.
SUITE 114
CLEARWATER FL 33761**

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: FEES \$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 **PD** ☒ Delete
NAME **VALENCIA, LISA**
STREET ADDRESS **1731 SPLIT FORK DR**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **PD** ☐ Change ☒ Addition
NAME **NANCY SHREINER**
STREET ADDRESS **1761 HAWTHORNE CT**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **VPD** ☐ Delete
NAME **SHEINBERG, GARY**
STREET ADDRESS **1761 HAWTHORNE CT**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **VPD** ☐ Change ☒ Addition
NAME **SERGIO MORALES**
STREET ADDRESS **1806 SPLIT FORK DRIVE**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **SD** ☒ Delete
NAME **POTENZA, ROZ**
STREET ADDRESS **1776 SPLIT FORK DR**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **TD** ☒ Change ☐ Addition
NAME **GARY SHEINBERG**
STREET ADDRESS **1761 HAWTHORNE CT**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **TD** ☒ Delete
NAME **SADORF, SHARON**
STREET ADDRESS **1729 SPLIT FORK DR**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **SD** ☐ Change ☒ Addition
NAME **JOHN DEAN**
STREET ADDRESS **1714 SPLIT FORK DRIVE**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **D** ☒ Delete
NAME **CARUSO, MARCELLO**
STREET ADDRESS **1773 SPLIT FORK DR**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **D** ☐ Change ☒ Addition
NAME **RISAN CURRY**
STREET ADDRESS **1807 SPLIT FORK DRIVE**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **RICARDO GARCIA**
STREET ADDRESS **1641 GRAY BARK DR**
CITY-ST-ZIP **OLDSMAR FL 34677**

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

4/3/03

(727) 297-6011

CR2E037 (10/02)

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

Attachment

DOCUMENT # **N96000001431**

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STE 114
CLEARWATER FL 33761**

Mailing Address

**2430 ESTANCIA BLVD
STE 114
CLEARWATER FL 33761**

90091691

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3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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Country

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Name

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DATE

FILE NOW: FEE IS \$61.25

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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	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES DEAN	
STREET ADDRESS	1714 SPIIT FOLK DRIVE	
CITY-ST-ZIP	Oldsmar FL 34677	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARLENE MEDINA	
STREET ADDRESS	1642 GRAY BARK DR.	
CITY-ST-ZIP	Oldsmar FL 34677	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEI-RUO LI	
STREET ADDRESS	1722 SPIIT FOLK DR.	
CITY-ST-ZIP	Oldsmar FL 34677	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

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SIGNATURE:

[Handwritten Signature]

CR2F037 (10/02)