

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724238

1. Entity Name

WATERSIDE WOOD NEIGHBORHOOD ASSOCIATION, INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90005 002 ****61.25

0076452

Principal Place of Business

612 LOTUS LANE
SARASOTA FL 34242
US

Mailing Address

612 LOTUS LANE
SARASOTA FL 34242
US

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

23-7298233

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

RACE, KAREN
612 LOTUS LANE
SARASOTA FL 34242

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 PD
NAME THOMAS, HAUSER ☐ Delete
STREET ADDRESS 601 LOTUS LANE
CITY-ST-ZIP SARASOTA FL 34242

TITLE D ☐ Change ☒ Addition
NAME MARTINELLI, FRANK
STREET ADDRESS 4508, WOODSIDE ROAD
CITY-ST-ZIP SARASOTA FL 34242

TITLE VS ☐ Delete
NAME RACE, KAREN
STREET ADDRESS 612 LOTUS LANE
CITY-ST-ZIP SARASOTA FL 34242

TITLE D ☐ Change ☒ Addition
NAME SILCOTT, LYNN
STREET ADDRESS 605, LOTUS LANE
CITY-ST-ZIP SARASOTA FL 34242

TITLE TD ☐ Delete
NAME REDELL, DORIS
STREET ADDRESS 616 MANGROVE PTE RD
CITY-ST-ZIP SARASOTA FL 34242

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME NEIL, MOLLY
STREET ADDRESS 4502 WOODSIDE RD
CITY-ST-ZIP SARASOTA FL 34242

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME COLLINS, WAYNE
STREET ADDRESS 4568 WOODSIDE RD
CITY-ST-ZIP SARASOTA FL 34242

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DAVIS, LOU
STREET ADDRESS 620 MANGROVE POINT RD
CITY-ST-ZIP SARASOTA FL 34242

TITLE ☐ Change ☐ 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: *Karen A. Race* REQUIRED KAREN A. RACE MARCH 13TH 2001 7029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)