

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 06, 2001 08:00 AM****Secretary of State****DOCUMENT # 726679****1. Entity Name**
LAKE SARASOTA COMMUNITY ASSOCIATION, INC.**Principal Place of Business**
5824 BEE RIDGE ROAD
PMB 159
SARASOTA FL 34233**Mailing Address**
5824 BEE RIDGE ROAD
PMB 159
SARASOTA FL 34233**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State**City & State****4. FEI Number**
59-2353864**Applied For**
Not Applicable**Zip** **Country****Zip** **Country****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**ANNIS CHARLES
4034 LANCASTER DRIVESARASOTA FL
34241**Name**
SHEA DENNIS P**Street Address (P.O. Box Number is Not Acceptable)**
6836 MAUNA LOA BLVD**City** **FL** **Zip Code**
SARASOTA 34241**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 DENNIS P. SHEA****02/06/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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** **D** ☐ Delete
NAME KILMER WILLARD
STREET ADDRESS 4039 WESTMINSTER DRIVE
CITY-ST-ZIP SARASOTA FL 34241**TITLE** **D** ☒ Change ☐ Addition
NAME FURLONG CHRISTOPHER
STREET ADDRESS 6536 FRIENDSHIP DRIVE
CITY-ST-ZIP SARASOTA FL 34241**TITLE** **D** ☐ Delete
NAME KILMER JOANNA
STREET ADDRESS 4039 WESTMINSTER DRIVE
CITY-ST-ZIP SARASOTA FL 34241**TITLE** **SD** ☒ Change ☐ Addition
NAME KILMER JOANNA
STREET ADDRESS 4039 WESTMINSTER DRIVE
CITY-ST-ZIP SARASOTA FL 34241**TITLE** **TD** ☐ Delete
NAME WHITTON RICHARD
STREET ADDRESS 4042 LANCASTER DR
CITY-ST-ZIP SARASOTA FL 34241**TITLE** **TD** ☒ Change ☐ Addition
NAME SUGARMAN NEVILLE
STREET ADDRESS 4117 TONGA DRIVE
CITY-ST-ZIP SARASOTA FL 34241**TITLE** **VD** ☐ Delete
NAME LONGPRE RENE
STREET ADDRESS 4051 LANCASTER DRIVE
CITY-ST-ZIP SARASOTA FL 34241**TITLE** **VD** ☒ Change ☐ Addition
NAME KILMER WILLARD
STREET ADDRESS 4039 WESTMINSTER DRIVE
CITY-ST-ZIP SARASOTA FL 34241**TITLE** **PD** ☐ Delete
NAME ANNIS CHARLES
STREET ADDRESS 4034 LANCASTER DRIVE
CITY-ST-ZIP SARASOTA FL 34241**TITLE** **PD** ☒ Change ☐ Addition
NAME SHEA DENNIS P
STREET ADDRESS 6836 MAUNA LOA BLVD
CITY-ST-ZIP SARASOTA FL 34241**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**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)(f), 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: DENNIS P. SHEA**

PD

02/06/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Fax/Phone #

CR2E037 (11/00)