## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT#726679**

Entity Name: LAKE SARASOTA COMMUNITY ASSOCIATION, INC.

FILED Jan 09, 2002 Secretary of State

Current Principal Place of Business:			New Princ	ipal Place of Business:
PMB 159	RIDGE ROAD			
	A, FL 34233		Na 84=:1:	4
Current Mailing Address:			New Maili	ng Address:
PMB 159	RIDGE ROAD A, FL 34233			
		FEI Number Not Appl	icable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
	NNIS P NA LOA BLVD A, FL 34241			
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:				
	Electroni	Signature of Registered Agen	t	Date
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PD () I SHEA, DENNIS F 6836 MAUNA LO SARASOTA, FL	A BLVD	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	VD () I KILMER, WILLAI 4039 WESTMINS SARASOTA, FL	STER DRIVE	Title: Name: Address: City-St-Zip:	VD (X) Change ( ) Addition FURLONG, CHRISTOPHER D 6536 FRIENDSHIP DRIVE SARASOTA, FL 34241
Title: Name: Address: City-St-Zip:	TD () I SUGARMAN, NE 4117 TONGA DR SARASOTA, FL	IVE	Title: Name: Address: City-St-Zip:	TD (X) Change ( ) Addition SUGARMAN, NEVILLE B 4117 TONGA DRIVE SARASOTA, FL 34241
Title: Name: Address: City-St-Zip:	SD () I KILMER, JOANN 4039 WESTMINS SARASOTA, FL	STER DRIVE	Title: Name: Address: City-St-Zip:	SD (X) Change ( ) Addition ORR, LAUREN S 6325 JARVIS ROAD SARASOTA, FL 34241
Title: Name: Address: City-St-Zip:	D () I FURLONG, CHR 6536 FRIENDSH SARASOTA, FL	IP DRIVE	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition DORION, PATRICIA G 6431 FRIENDSHIP DRIVE SARASOTA, FL 34241
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D ( ) Change (X) Addition GREENFIELD, DAVID H 4035 HONOLULU DRIVE SARASOTA FL 34241

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS P SHEA PD 01/09/2002

KELLIE DICKERSON, DIRECTOR 4115 PALAU DRIVE SARASOTA, FL 34241