

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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90455 030 ****61.25

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.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2353864**

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

ORR, LAUREN

**6325 JARVIS RD
SARASOTA FL 34241**

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

NEVILLE SUGARMAN

1/10/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Delete
NAME **FURLONG, CHRISTOPHER D**
STREET ADDRESS **6536 FRIENDSHIP DRIVE**
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **D** ☐ Change ☒ Addition
NAME **TISHA FARRINGTON**
STREET ADDRESS **6571 FRIENDSHIP DRIVE**
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **TD** ☐ Delete
NAME **SUGARMAN, NEVILLE B**
STREET ADDRESS **4117 TONGA DRIVE**
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **VD** ☐ Change ☒ Addition
NAME **MICHAEL DUNCAN**
STREET ADDRESS **4165 HONOLULU DRIVE**
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **SD** ☐ Delete
NAME **ORR, LAUREN S**
STREET ADDRESS **6325 JARVIS ROAD**
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **PD** ☒ Change ☐ Addition
NAME **ORR, LAUREN S**
STREET ADDRESS **6325 JARVIS RD**
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **D** ☒ Delete
NAME **DORION, PATRICIA G**
STREET ADDRESS **6431 FRIENDSHIP DRIVE**
CITY-ST-ZIP **SARASOTA FL 34241**

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

TITLE **D** ☒ Delete
NAME **GREENFIELD, DAVID H**
STREET ADDRESS **4035 HONOLULU DRIVE**
CITY-ST-ZIP **SARASOTA FL 34241**

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

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)(l), 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 OF OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03

941-378-4763

CR2E037 (10/02)