

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2002 8:00 am**  
**Secretary of State**

03-22-2002 90014 049 \*\*\*\*61.25

**DOCUMENT # 740760**

1. Entity Name

**FOREST LAKES UNIT 9 HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**3411 RIVIERA DR  
 SARASOTA FL 34232  
 US**

**3411 RIVIERA DR  
 SARASOTA FL 34232  
 US**

00040036



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2268846**

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

**MEISENHEIMER, JANE  
 3035 RIVIERA DRIVE  
 SARASOTA FL 34232**

Name **DANIEL R. SMITH**

Street Address (R.O. Box Number is Not Acceptable)

**3427 RIVIERA DRIVE**

City **SARASOTA**

**FL**

Zip Code **34232**

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

*[Handwritten Signature]*

**2/27/02**

**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	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROBERTS, T.E.</b>	
STREET ADDRESS	<b>3428 RIVIERA DRIVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MEISENHEIMER, JANE</b>	
STREET ADDRESS	<b>3035 RIVIERA DRIVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE	<del>VPD</del>	<input type="checkbox"/> Delete
NAME	<b>DUNBAR, JOHN</b>	
STREET ADDRESS	<b>3411 RIVIERA DR</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DUNBAR, SALLY</b>	
STREET ADDRESS	<b>3411 RIVIERA DR</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MENZIE, MILDRED</b>	
STREET ADDRESS	<b>3320 RIVIERA DRIVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WOOD, JUDY</b>	
STREET ADDRESS	<b>2827 RIVIERA DRIVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEPHEN ELLIS</b>	
STREET ADDRESS	<b>3312 RIVIERA DRIVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE	<b>DAN SMITH, TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAN SMITH, TREASURER</b>	
STREET ADDRESS	<b>3427 RIVIERA DR.</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34232</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHN DUNBAR</b>	<b>TREASURER</b>
STREET ADDRESS	<b>3411 RIVIERA DR.</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KATHY SCHNEIDER</b>	
STREET ADDRESS	<b>3708 RIVIERA DR.</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34232</b>	
TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MENZIE, MILDRED</b>	
STREET ADDRESS	<b>3320 RIVIERA DRIVE</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34232</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

*[Handwritten Signature]* **TREASURER DANIEL R SMITH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/8/02**

**941-364-7269**

CR2E037 (9/01)