

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90090 030 ****61.25

DOCUMENT # 746946

1. Entity Name

SARASOTA VILLAGE GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

5899 WHITFIELD AVE
 SUITE 107
 SARASOTA FL 34243
 US

Mailing Address

5899 WHITFIELD AVE
 SUITE 107
 SARASOTA FL 34243
 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

59-1964013

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

ADVANCED MANAGEMENT OF SW FLORIDA INC
 5899 WHITFIELD AVE, SUITE 107
 SARASOTA FL 34243

Name

~~ADVANCED MANAGEMENT OF SW FL INC~~
 Street Address (P.O. Box Number is Not Acceptable)

9031 TOWN CENTER PARKWAY

City

BRADENTON

FL

Zip Code

34202

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]

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 ☐ Delete
 NAME SD
 HERBERT, RALPH
 STREET ADDRESS 4833 VILLAGE GARDENS DR
 CITY-ST-ZIP SARASOTA FL 34234

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

TITLE ☐ Delete
 NAME VD
 O'BRIEN, JOE
 STREET ADDRESS 4715 VILLAGE GARDENS DRIVE
 CITY-ST-ZIP SARASOTA FL 34234

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

TITLE ☒ Delete
 NAME PD
 MCANDREW, ANN
 STREET ADDRESS 4991 VILLAGE GARDENS DRIVE
 CITY-ST-ZIP SARASOTA FL 34234

TITLE ☐ Change ☒ Addition
 NAME SD
 MAE B. DAVIS
 STREET ADDRESS 4949 VILLAGE GARDENS DRIVE
 CITY-ST-ZIP SARASOTA, FL 34234

TITLE ☒ Delete
 NAME TD
 RODRIGUEZ, HARRY
 STREET ADDRESS 4960 VILLAGE GARDENS DR
 CITY-ST-ZIP SARASOTA FL 34234

TITLE ☐ Change ☒ Addition
 NAME TD
 WILLIAM J. DESKUS
 STREET ADDRESS 4747 VILLAGE GARDENS DRIVE
 CITY-ST-ZIP SARASOTA, FL 34234

TITLE ☐ Delete
 NAME D
 BRACKEN, ED
 STREET ADDRESS 5070 VILLAGE GARDENS DR
 CITY-ST-ZIP SARASOTA FL 34234

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

TITLE ☐ Delete
 NAME D
 SARGUT, STAN
 STREET ADDRESS 4722 VILLAGE GARDENS DRIVE
 CITY-ST-ZIP SARASOTA FL 34234

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)