

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755972

1. Entity Name

LAKE CORONADO ASSOCIATION, INC.

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90153 003 \*\*\*\*61.25

Principal Place of Business

3516 CORONADO DR.  
SARASOTA FL 34231

Mailing Address

5005 W. LAUREL ST.  
SUITE 206  
TAMPA FL 33607-3839

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

4815 E. BUSCH BLVD

Suite, Apt. #, etc.

SUITE 208

City & State

TAMPA FL

Zip

33617

Country

USA

4. FEI Number

59-2105626

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GORDON, DAVID  
5005 W. LAUREL ST STE 206  
TAMPA FL 33607-3839

7. Name and Address of New Registered Agent

Name

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

4815 E. BUSCH BLVD. SUITE 208

City

TAMPA

FL

Zip Code

33617

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDF GREENBERG, STEPHEN 5005 W. LAUREL ST. STE. 206 TAMPA FL 33607-3839	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GORDON, DAVID 5005 W. LAUREL ST. STE. 206 TAMPA FL 33607-3839	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STARKER, CHAYA 5005 W. LAUREL ST. STE. 206 TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4815 E. BUSCH BLVD. SUITE 208 TAMPA FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4815 E. BUSCH BLVD. SUITE 208 TAMPA FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4815 E. BUSCH BLVD. SUITE 208 TAMPA FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)