

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90057 022 ****61.25

DOCUMENT # 770346

1. Entity Name

THE LAKES OF SARASOTA MAINTENANCE ASSOCIATION, I

Principal Place of Business

630 S ORANGE AVE
 STE 102
 SARASOTA FL 34236
 US

Mailing Address

630 S. ORANGE AVE.
 STE.#102
 SARASOTA FL 34236
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2502633

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

CONDO KEEPERS
630 S. ORANGE AVE.
SUITE 102
SARASOTA FL 34236

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.

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	P	<input checked="" type="checkbox"/> Delete
NAME	BREWER, WILLIAM	
STREET ADDRESS	4419 OAK VIEW DR	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KENT, ROD	
STREET ADDRESS	4150 TRAILS DR	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TERRY, RICHARD	
STREET ADDRESS	4380 TRAILS DR	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	VIONI, ANDREA	
STREET ADDRESS	4487 TRAILS DR	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZIMMERMAN, DAVID	
STREET ADDRESS	1534 OAK WAY	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BREWER, WILLIAM	
STREET ADDRESS	4419 OAK VIEW DRIVE	
CITY-ST-ZIP	SARASOTA FL 34232	

TITLE	Pres/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID ZIMMERMAN	
STREET ADDRESS	1534 OAK WAY	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	Sec/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIMI GOODWILL	
STREET ADDRESS	1768 OAK LAKES	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOM MASIELLO	
STREET ADDRESS	4459 TRAILS DR.	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOMMY SCHILLING	
STREET ADDRESS	4344 TRAILS DR.	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROLINE DAVIS	
STREET ADDRESS	4395 OAK VIEW	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RON WEITENBERG	
STREET ADDRESS	4326 OAK VIEW	
CITY-ST-ZIP	SARASOTA, FL 34232	

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 #

4/17/01 (941) 551-4442

CR2E037 (10/00)