

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90396 030 ****61.25

DOCUMENT # 770346

1. Entity Name

THE LAKES OF SARASOTA MAINTENANCE ASSOCIATION, I NC.

Principal Place of Business

Mailing Address

630 S ORANGE AVE
 STE 102
 SARASOTA FL 34236
 US

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

Zip

Country

Zip

Country

4. FEI Number

59-2502633

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

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 **PD** ☐ Delete
 NAME **ZIMMERMAN, DAVID**
 STREET ADDRESS **1534 OAK WAY**
 CITY-ST-ZIP **SARASOTA FL 34232**

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

TITLE **VPD** ☐ Delete
 NAME **KENT, ROD**
 STREET ADDRESS **4150 TRAILS DR**
 CITY-ST-ZIP **SARASOTA FL 34232**

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

TITLE **TD** ☐ Delete
 NAME **TERRY, RICHARD**
 STREET ADDRESS **4380 TRAILS DR**
 CITY-ST-ZIP **SARASOTA FL 34232**

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

TITLE **SD** ☐ Delete
 NAME **GOODWILL, MIMI**
 STREET ADDRESS **1768 OAK LAKES**
 CITY-ST-ZIP **SARASOTA FL 34232**

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

TITLE **D** ☐ Delete
 NAME **MASSILO, TOM**
 STREET ADDRESS **4459 TRAILS DR**
 CITY-ST-ZIP **SARASOTA FL 34232**

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

TITLE **D** ☒ Delete
 NAME **WEITEMIER, RON**
 STREET ADDRESS **4326 OAK VIEW**
 CITY-ST-ZIP **SARASOTA FL 34232**

TITLE ☐ Change ☒ Addition
 NAME **CAROLINE DAVIS**
 STREET ADDRESS **4395 OAK VIEW DRIVE**
 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

4/12/02 (941)351-4442

Date

Daytime Phone #

CR2E037 (9/01)

MAY 13 2002



Attachment

B0124960

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

May 4, 2002

LAKE MAINTENANCE ASSOCIATION
630 S. ORANGE AVENUE
SUITE 101
SARASOTA, FL 34236

770346

Subject: **LAKE MAINTENANCE ASSOCIATION**

Reference Number: **000000526776**

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Due to the volume of mail received in this office **both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.**

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/bg

ANNUAL REPORTS SECTION