

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770407

1. Entity Name

THE LAKES OF SARASOTA HOMEOWNERS' ASSOCIATION, I

FILED

May 09, 2000 8:00 am  
Secretary of State

05-09-2000 90116 037 \*\*\*\*61.25

Principal Place of Business

Mailing Address

630 S. ORANGE AVE.  
SUITE 102  
SARASOTA FL 34236

630 S. ORANGE AVE.  
SUITE 102  
SARASOTA FL 34236-7504

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

59-2502637

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 VPD ☒ Delete  
NAME SMITH, ELLEN  
STREET ADDRESS 4388 TRIALS DR  
CITY-ST-ZIP SARASOTA FL

TITLE Pres/D ☐ Change ☒ Addition  
NAME RICHARD TERRY  
STREET ADDRESS 4380 TRAILS DR.  
CITY-ST-ZIP SARASOTA, FL 34232

TITLE TD ☒ Delete  
NAME MARTIN, ARTHUR  
STREET ADDRESS 4360 TRAILS DR.  
CITY-ST-ZIP SARASOTA FL

TITLE UP DIRECTOR ☐ Change ☒ Addition  
NAME TOMMYE SCHILLING  
STREET ADDRESS 4344 TRAILS DR.  
CITY-ST-ZIP SARASOTA, FL 34232

TITLE SD ☒ Delete  
NAME MASTERTSON, JOAN  
STREET ADDRESS 4372 TRAILS DRIVE  
CITY-ST-ZIP SARASOTA FL

TITLE TREAS/DIRECTOR ☐ Change ☒ Addition  
NAME JAMES DEERING  
STREET ADDRESS 4375 TRAILS DR.  
CITY-ST-ZIP SARASOTA, FL 34232

TITLE D/SEC ☐ Delete  
NAME WALTERS, BARBARA  
STREET ADDRESS 4332 TRAILS DR  
CITY-ST-ZIP SARASOTA FL 34232

TITLE ☐ Change ☐ Addition

TITLE P ☒ Delete  
NAME PETHEEA, LAUNA  
STREET ADDRESS 4370 TRAIL DR  
CITY-ST-ZIP SARASOTA FL

TITLE ☐ Change ☐ Addition

TITLE D ☐ Delete  
NAME BREZEL, RON  
STREET ADDRESS 1212 COTTONWOOD  
CITY-ST-ZIP SARASOTA FL

TITLE ☐ Change ☐ 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

4/25/00

941-351-4442

Date Daytime Phone #

CR2E037 (9/99)