

2002 UNIFORM BUSINESS REPORT (UBR)

2/1
2

FILED
Apr 24, 2002 8:00 am
Secretary of State

02-15-2002 90007 023 ****70.00

DOCUMENT # N01000004928

1. Entry Name

SARACENO COMMUNITY ASSOCIATION, INC.

Saraceno East Community Association, Inc

Principal Place of Business

Mailing Address

2852 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

2852 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FRI Number

42-1531618

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

R. BOWEN GILLESPIE, III
1515 SOUTH FEDERAL HIGHWAY
SUITE 300
BOCA RATON FL 33432

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 \$81.25

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 PD
NAME WILLS, DEBORAH
STREET ADDRESS 2852 UNIVERSITY DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Delete

TITLE VD
NAME RICHARDS, TIM
STREET ADDRESS 2852 UNIVERSITY DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☒ Delete

TITLE STD
NAME LEVINE, DAVID
STREET ADDRESS 2852 UNIVERSITY DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE VD
NAME RANDY PAIGO
STREET ADDRESS 2852 UNIVERSITY DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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)(1), 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:

Deborah A. Wills
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-02

94-11715

Date

Daytime Phone #

CR2037 (9/01)