

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 08, 2001 8:00 am**
Secretary of State

03-08-2001 90057 008 ****61.25

DOCUMENT # N01133

1. Entity Name

ASHTON LAKES NO. 1 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**2951 CLARK ROAD
SARASOTA FL 34231**

Mailing Address

**2951 CLARK ROAD
SARASOTA FL 34231**

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

65-0108575

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

Name

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

City

FL

Zip Code

**BONSALL, JOE E.
2951 CLARK ROAD
SUITE S-1111
SARASOTA FL 34231**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD COSENTINO, RAY 5675 ASHTON LAKE DR SARASOTA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HORNEMAN, THORNTON 5695 ASHTON LAKES DR. SARASOTA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BREW, CHARLES 5693 ASHTON LAKES DR. SARASOTA FL	☐ 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTI	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD	☒ Change ☐ Addition
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

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:

Thornton Horneiman U.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Thornton Horneiman***941-922-9603**

Daytime Phone #

CR2E037 (10/00)