2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State
05-02-2000 90154 031 ****61.25

DO NOT WRITE IN THIS SPACE

DOCUMENT # N13818

1. Entity Name

SARASOTA EASTPOINTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5550 BEE RIDGE ROAD SUITE E-3 SARASOTA FL 34233 US	5550 BEE RIDGE ROAD SUITE E-3 SARASOTA FL 34233-1505 US

2. Principal Place of Business	3. Mailing Address
5766 Bronx Avenue, Ste A	5766 Bronx Ave. Ste A
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota FL	City & State: Sarasota FL
Zip: 34231 Country: USA	Zip: 34231 Country: USA

4. FEI Number: 59-2750637 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MANAGEMENT CONCEPTS
5500 BEE RIDGE ROAD
SUITE E-3
SARASOTA FL 34233

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): ~~5766 Bronx Avenue~~
Suite A
City: Sarasota FL Zip Code: 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: Janice Young Manager DATE: 4/18/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	SD BARFIELD, TOBY 5338 EAST POINT LANE SARASOTA FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOWARD, DENNY 5383 SARA POINTE DRIVE SARASOTA FL ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Glyder, Rod 655 Eastpointe Court Sarasota FL 34232 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PRESSLEY, JOANNE 672 EASTPOINTE CT. SARASOTA FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, RAE ANNE 720 EASTPOINTE PKWY SARASOTA FL 34232 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LaPerriere, Ty 5384 Sarapointe Court Sarasota FL 34232 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BRODNAX, FRANK 640 EASTPOINTE CT. SARASOTA FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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: SIGNATURE REQUIRED 4/18/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #