2002 UNIFORM BUSINESS REPORT (UBR)

Mar 19, 2002 8:00 am DOCUMENT # **N13818 Secretary of State** 1. Entity Name SARASOTA EASTPOINTE HOMEOWNERS ASSOCIATION, INC. 03-19-2002 90037 048 ****61.25 Principal Place of Business Mailing Address 5766 BRONX AVE. STE A 5766 BRONX AVE. STE A SARASOTA FL 34231 SARASOTA FL 34231 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2750637 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MANAGEMENT CONCEPTS 5766 BRONX AVE STE A Zip Code City 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) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. PD ☐ Change ★ Addition PD X Delete TITLE TITLE OZNNY, HOWARD NAME NAME Glyder, Rod STREET ADDRESS STREET ADDRESS 5383 SARAPOINTE DRIVE 655 Eastpointe Ct CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34232 Sarasota FL 34232 * Addition Change **∑** Delete TITLE MILLER, GARY NAME NAME LaPerriere, Ty STREET ADDRESS 720 EASTPOINTE PARKWAY STREET ADDRESS 5384 Sarapointe Court CITY-ST-ZIP CITY-ST-ZIP- -SARASOTA FL-34232-Sarasõta FL 34232 ☐ Change → Addition Delete TITLE PRESSLEY, JOANNE NAME Hutter, Maggie NAME STREET ADDRESS STREET ADDRESS 672 EASTPOINTE CT. 671 Eastpointe PKWY CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL <u>Sarasota FL 34232</u> **★** Addition ☐ Change X Delete TITI F TITLE NAME GLYDER, ROD NAME Moss, Norma STREET ADDRESS STREET ADDRESS 655 EAST POINTE CT 670 Eastpointe Pkwy CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34232 Sarasota FL 34232 Delete TITI F √ Addition TITLE BRODNAX, FRANK NAME NAME Light, Charles STREET ADDRESS STREET ADDRESS 640 EASTPOINTE CT. 635 EAstpointe Pkwy CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL Sarasota FL 34232 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

FILED

(9/01)CR2E037