

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14704

1. Entity Name

FORESTER WOODS AT CEDAR CREEK HOMEOWNERS ASSOCIA

FILED  
May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90140 045 \*\*\*\*\*61.25

007644

Principal Place of Business

3622 SHADY BROOK LANE  
SARASOTA FL 34243  
US

Mailing Address

3622 SHADY BROOK LANE  
SARASOTA FL 34243  
US

00044456



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0053619

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

BEAR, MARIAH  
3622 SHADY BROOK LANE  
SARASOTA FL 34243

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)

4/27/01  
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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PD									
	BEAR, MARIAH	3622 SHADY BROOK LANE	SARASOTA FL 34243							
	D									
	PARKER, ROBERTA	3985 SHADY BROOK LANE	SARASOTA FL 34243							
	D									
	PARISI, PAUL	3590 SHADY BROOKLANE	SARASOTA FL 34243							
	D									
	CHAMBERS, BONITA	5523 SHADY BROOK WAY	SARASOTA FL 34243							

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)