

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2002 8:00 am  
Secretary of State

02-28-2002 90017 024 \*\*\*\*61.25

DOCUMENT # N15720

1. Entity Name

SUNRIDGE BY THE LAKE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

929 SUNRIDGE DR.  
SARASOTA FL 34234

Mailing Address

929 SUNRIDGE DR.  
SARASOTA FL 34234

2. Principal Place of Business

Same

3. Mailing Address

4901 32nd ST W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A-19

City & State

City & State

Bradenton FL 34

Zip

Country

Zip

Country

34205

Manatee

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GORDON, DAVID  
5005 W LAUREL ST  
STE. 206  
TAMPA FL 33607

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 \$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	PD President	<input checked="" type="checkbox"/> Delete
NAME	STARKA, CHAYA	Lisa Kaplan
STREET ADDRESS	5005 W LAUREL ST, STE 206	896 Sunridge Dr
CITY-ST-ZIP	TAMPA FL	Sarasota FL 34234
TITLE	VD Vice President	<input checked="" type="checkbox"/> Delete
NAME	GREENBERG, STEPHEN	Bonnie Salerno
STREET ADDRESS	1284 WELINGTON ST	874 Sunridge Dr
CITY-ST-ZIP	OTTAWA ON	Sarasota, FL 34234
TITLE	SD Treasurer / Secretary	<input checked="" type="checkbox"/> Delete
NAME	GORDON, DAVID	Katie Conna
STREET ADDRESS	5005 WEST LAUREL ST, STE. 206	921 Sunridge Dr
CITY-ST-ZIP	TAMPA FL	Sarasota FL 34234
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISA KAPLAN	
STREET ADDRESS	896 Sunridge Dr	
CITY-ST-ZIP	Sarasota FL 34234	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bonnie Salerno	
STREET ADDRESS	874 Sunridge Dr	
CITY-ST-ZIP	Sarasota, FL 34234	
TITLE	Treasurer / Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Katie Conna	
STREET ADDRESS	921 Sunridge Dr	
CITY-ST-ZIP	Sarasota FL 34234	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

LISA KAPLAN

2 FEB 02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)