## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # N23160** Apr 18, 2000 8:00 am Secretary of State 1. Entity Name SARABAY WOODS HOMEOWNERS ASSOCIATION, INC. 04-18-2000 90255 035 \*\*\*\*70.00 Principal Place of Business Mailing Address P. O. BOX 1151 P. O. BOX 1151 TALLEVAST FL 34270-1151 TALLEVAST FL 34270-1151 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 33-9281725 Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent D. WHEMON Street Address (P.O. Box Number is Not Acceptable) SHEATON, JOHN S 904 MENDER TOPN DRIVE EAST SARASÕTA FL 34243 Zip Code FĹ 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) FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE ☐ Oelete TITLE WHEATON, JOHN S. NAME SHEATON, JOHN S NAME 904 TOTH DRIVE E STREET ADDRESS STREET ADDRESS 904 70TH DR E SARASOYN, FL 34243 CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34243 M Delete ☐ Change Addition TITLE TITLE NAME HELGESEN, RICHARD NAME STREET ADDRESS STREET ADDRESS 6933,9TH,CT,E., CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 Change ☐ Addition TITI F ☐ Delete SAME NAME COLLINS, KAREN NAME STREET ADDRESS STREET ADDRESS 916 70TH DR E. CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 ☐ Change ☐ Addition TITLE ☐ Delete MCKEOWN, MARY NAME NAME SAME STREET ADDRESS STREET ADDRESS 6934 9TH CT E CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 TITLE Delete TITLE ☐ Change ☐ Addition ELY, JENNIE NAME NAME SAME STREET ADDRESS STREET ADDRESS 911 WEABURN PL CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 31243 $u ar{P}$ X V P TITLE Change Addition TITLE ☐ Delete DOERING, MIKE NAME NAME SAME STREET ADDRESS STREET ADDRESS 7129 TWIN PALM CIR E CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 12. I hereby certify that the information supplied with this filling 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 optrustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: 3650 SUNESTON QUIRED 4/12/00 941-753-2301

with all other like empowered.

changed, or on an attachment