## **2000 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

## **FILED DOCUMENT # N29102** Apr 26, 2000 8:00 am Secretary of State THE SERENOA COMMUNITY ASSOCIATION, INC. 04-26-2000 90172 044 \*\*\*\*61.25 Principal Place of Business Mailing Address 7375 STACY LANE 7375 STACY LANE SARASOTA FL 34241-9141 SARASOTA FL 34241 2. Principal Place of Business 3. Mailing Address 055 Wood 5t. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 202 Applied For City & State City & State 4. FEI Number FL Savasoto NOT APPLICABLE Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 34237 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PROPERTY & ACCOUNTING MGMT, INC. 2055 WOOD ST **STE 202** City Zip Code FLORIDA FL 34237 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:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE TITLE ☐ Delete NAME NAME THOMPSON, RICHARD STREET ADDRESS STREET ADDRESS 7378 STACEY LANE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34241 Change ☐ Addition TITLE VD ☐ Delete TITLE Custons, BRUCE NAME NAME CUSTONS, BRUCE 6469 TARDA DY STREET ADDRESS STREET ADDRESS 6469 TAEDA DR FL 34241 CITY-ST-7IP CITY-ST-7IP Sarasota. SARASOTA FL 34241 DV TITLE Delete TITLE Change Addition NAME CHALFANT, THOMAS NAME 6625 Taeda Dr. STREET ADDRESS STREET ADDRESS 6438 TAEDA DRIVE Sarasota. FL 34241 CITY-ST-ZIP CITY-ST-ZIP Sarsota Fl TD ☐ Delete TITLE ☐ Change ☐ Addition NAME STAMEY, SANDRA W NAME STREET ADDRESS STREET ADDRESS 7375 STACY LANE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL Delete Change Addition 1 TITLE TITLE VANBUSKIRK, JAI NAME TELESCO. VINCENT NAME STREET ADDRESS STREET ADDRESS 7368 S. SERENOA DRIVE CITY-ST-ZIE CITY-ST-ZIP SARASOTA FL 34241 TITLE ☐ Delete TITLE Change ■ Addition NAME BOOTH, RICHARD NAME STREET ADDRESS STREET ADDRESS 6433 TAEDA DRIVE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 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

Daytime Phone #