

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40888

1. Entity Name

ASHTON LAKES NO. 4 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2951 CLARK RD
SARASOTA FL 34231
US

Mailing Address

2951 CLARK RD
SARASOTA FL 34231
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0236732

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
STD	TRUITT, MARILYN	5553 ASHTON LAKE DR	SARASOTA FL 34231				
VD	SCANLON, TIM	5567 ASHTON LAKE DR	SARASOTA FL 34231				
PD	FABOS, JOHN	5541 ASHTON LAKES DR	SARASOTA FL				

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

Tim Scanlon
President

Date

Daytime Phone #

941-922-9603



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)