

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42226

1. Entity Name

THE SARATOGA HOMEOWNERS' ASSOCIATION, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90315 023 ****61.25

Principal Place of Business

Mailing Address

32100 DEWBERRY LN.
SORRENTO FL 32776

32100 DEWBERRY LN.
SORRENTO FL 32776-8000

2. Principal Place of Business

32140 DEWBERRY LN

3. Mailing Address

32140 DEWBERRY LN.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SORRENTO, FL

City & State

SORRENTO, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32776

Country

USA

Zip

32776

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHUBBOY, ROBERT
32100 DEWBERRY LN.
SORRENTO FL 32776

7. Name and Address of New Registered Agent

Name

THOMAS BROWN

Street Address (P.O. Box Number is Not Acceptable)

32140 DEWBERRY LN.

City

SORRENTO

FL

Zip Code

32776

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

4/17/2000

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

TITLE	PD	☒ Delete
NAME	CHUBBOY, ROBERT	
STREET ADDRESS	32100 DEWBERRY LN.	
CITY-ST-ZIP	SORRENTO FL	
TITLE	TD	☒ Delete
NAME	CHUBBOY, JOANNE W.	
STREET ADDRESS	32100 DEWBERRY LN.	
CITY-ST-ZIP	SORRENTO FL	
TITLE	SD	☒ Delete
NAME	DAVIS, MAUREEN	
STREET ADDRESS	32031 DEWBERRY LANE	
CITY-ST-ZIP	SORRENTO FL	
TITLE	VD	☒ Delete
NAME	DAVIS, SPENCER	
STREET ADDRESS	32031 DEWBERRY LANE	
CITY-ST-ZIP	SORRENTO FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Change ☒ Addition
NAME	BROWN, THOMAS	
STREET ADDRESS	32140 DEWBERRY LN.	
CITY-ST-ZIP	SORRENTO, FL 32776	
TITLE	VD	☐ Change ☒ Addition
NAME	ROBERT RAHMANN	
STREET ADDRESS	32030 DEWBERRY LN.	
CITY-ST-ZIP	SORRENTO, FL 32776	
TITLE	SD	☐ Change ☒ Addition
NAME	JANICE DALY	
STREET ADDRESS	32111 DEWBERRY LN.	
CITY-ST-ZIP	SORRENTO, FL 32776	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2000 (407) 660-1288

Date

Daytime Phone #

CR2E037 (9/99)