

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44252

1. Entity Name

ASHTON LAKES NO. 5 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2951 CLARK RD.
SARASOTA FL 34231

2951 CLARK RD.
SARASOTA FL 34231-6221

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

65-0291655

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

BONSALL, JOE E.
2951 CLARK RD
SARASOTA FL 34231

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	SD DIRECTOR	<input type="checkbox"/> Delete
NAME	JUNGMANN, JOSEPH	
STREET ADDRESS	5382 SHADOW LAWN DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MIROUSKY, MARION	
STREET ADDRESS	5531 ASHTON LK DR.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VTD DIRECTOR (2)	<input type="checkbox"/> Delete
NAME	BRAUER, PAT	
STREET ADDRESS	5513 ASHTON LAKE DRIVE	
CITY-ST-ZIP	SARASOTA FL 34231	
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	PII Director (1)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Asst. Secretary ASD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mirovsky, Marion	
STREET ADDRESS	Director (4)	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD Director (3)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thaddeus Westlow	
STREET ADDRESS	5537 Ashton Lake Dr	
CITY-ST-ZIP	Sarasota FL 34231	
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:

Thaddeus Westlow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-2000

Date

941-922-9603

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE