

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44252

1. Entity Name

ASHTON LAKES NO. 5 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2951 CLARK RD.
SARASOTA FL 34231

Mailing Address

2951 CLARK RD.
SARASOTA FL 34231

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BONSALL, JOE E.
2951 CLARK RD
SARASOTA FL 34231

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

TITLE SD
NAME JUNGSMANN, JOSEPH ☐ Delete
STREET ADDRESS 5382 SHADOW LAWN DR
CITY-ST-ZIP SARASOTA FL

TITLE PD ☒ Delete
NAME MIROUSKY, MARION
STREET ADDRESS 5531 ASHTON LK DR.
CITY-ST-ZIP SARASOTA FL 34231

TITLE VDTD ☒ Delete
NAME BRAUER, PAT
STREET ADDRESS 5513 ASHTON LAKE DRIVE
CITY-ST-ZIP SARASOTA FL 34231

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
STREET ADDRESS
CITY-ST-ZIP

TITLE VI ☐ Change ☒ Addition
NAME Lee molik
STREET ADDRESS 5517 Ashton Lake Dr
CITY-ST-ZIP Sarasota FL 34231

TITLE STII ☐ Change ☒ Addition
NAME Ted Weslow
STREET ADDRESS 5537 Ashton Lake Dr
CITY-ST-ZIP Sarasota FL 34231

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Required) Joe Jungmann

941-922-9603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90619 034 ****61.25

120214



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)