

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90016 015 ****61.25

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**

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 \$61.259. 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 **PD** ☐ Delete
NAME **JUNGMANN, JOSEPH**
STREET ADDRESS **5382 SHADOW LAWN DR**
CITY-ST-ZIP **SARASOTA FL**TITLE **VD** ☒ Delete
NAME **MOLIK, LEE**
STREET ADDRESS **5517 ASHTON LAKE DR**
CITY-ST-ZIP **SARASOTA FL 34231**TITLE **STD** ☐ Delete
NAME **WESLOW, TED**
STREET ADDRESS **5537 ASHTON LAKE DR**
CITY-ST-ZIP **SARASOTA FL 34231**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Change ☒ Addition
NAME **VANDERVORT, GORDON**
STREET ADDRESS **5505 ASHTON LAKE DR**
CITY-ST-ZIP **SARASOTA, FL 34231**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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

4-2-02

Date

941-922-9603

Daytime Phone #

CR2E037 (9/01)