

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90040 016 ****61.25

DOCUMENT # N46221

1. Entity Name

LONG ACRE LAKE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~341 VIOLET DR.~~
SANIBEL FL 33957

~~341 VIOLET DR.~~
SANIBEL FL 33957

2. Principal Place of Business

241 VIOLET DRIVE

3. Mailing Address

241 VIOLET DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANIBEL, FL

City & State

SANIBEL, FL

Zip

33957

Country

LEE

Zip

33957

Country

LEE

6. Name and Address of Current Registered Agent

DUVAL, PAUL D
341 VIOLET DR.
SANIBEL FL 33957

241 VIOLET DRIVE

4. FEI Number

59-3107657

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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

Paul D Duval, PAUL D. DUVAL

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FEBRUARY 1, 2000

DATE

FILE NOW:
FEES 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	FENDELMAN, BURT	
STREET ADDRESS	1248 POST RD.	
CITY-ST-ZIP	SCARSDALE NY 10583	
TITLE	D	☐ Delete
NAME	BRAUN, JACK	
STREET ADDRESS	19390 PARK AVE.	
CITY-ST-ZIP	DEEPHAVEN MN 55391	
TITLE	TD	☒ Delete
NAME	KRUZICH, JOSEPH	
STREET ADDRESS	4727 N. HOLLY COURT	
CITY-ST-ZIP	KANSAS CITY MO 64116	
TITLE	SD	☐ Delete
NAME	DUVAL, PAUL	
STREET ADDRESS	241 VIOLET DR.	
CITY-ST-ZIP	SANIBEL FL 33957	
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	☐ 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	
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:

Paul D Duval, SEC-TREAS.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02/01/00

Daytime Phone #

941-395-1403

CR2E037 (9/99)