

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90031 032 ****61.25

DOCUMENT # N46221

1. Entity Name

LONG ACRE LAKE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

VIOLET DRIVE
 SANIBEL FL 33957

241 VIOLET DRIVE
 SANIBEL FL 33957

2. Principal Place of Business

233 VIOLET DRIVE

3. Mailing Address

233 VIOLET DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANIBEL, FL

City & State

SANIBEL, FL

Zip

33957

Country

USA

Zip

33957

Country

USA

4. FEI Number

59-3107657

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DUVAL, PAUL D
241 VIOLET DRIVE
SANIBEL FL 33957

7. Name and Address of New Registered Agent

Name

JAMES L REYNOLDS

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

233 VIOLET DRIVE

City

SANIBEL

FL

Zip Code

33957

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

JAMES L REYNOLDS, SECRETARY/TREASURER 2-23-02

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	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	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	PD	☒ Change ☐ Addition
NAME	FENDELMAN, BURT	
STREET ADDRESS	60 GRAMERCY PARK NORTH, GA	
CITY-ST-ZIP	NEW YORK, NY 10010	
TITLE	DV	☒ Change ☐ Addition
NAME	BRAUN, JACK	
STREET ADDRESS	19390 PARK AVE	
CITY-ST-ZIP	DEEPHAVEN, MN 55391	
TITLE	D	☒ Change ☐ Addition
NAME	DUVAL, PAUL	
STREET ADDRESS	241 VIOLET DRIVE	
CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE	DST	☐ Change ☒ Addition
NAME	REYNOLDS, JAMES	
STREET ADDRESS	233 VIOLET DRIVE	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	D	☐ Change ☒ Addition
NAME	KRUSA, PAUL	
STREET ADDRESS	PO BOX 4379	
CITY-ST-ZIP	FRISCO CO 80443	
TITLE	D	☐ Change ☒ Addition
NAME	KRUZICH, JOSEPH A	
STREET ADDRESS	4727 NORTH HOLLY CT	
CITY-ST-ZIP	KANSAS CITY, MO 64116	

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

Date

Daytime Phone #

2/23/02 (941) 472-6029

CR2E037 (9/01)