

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90084 013 ****61.25

DOCUMENT # N46221

1. Entity Name

LONG ACRE LAKE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

**233 VIOLET DR
SANIBEL FL 33957**

Mailing Address

**233 VIOLET DR
SANIBEL FL 33957**

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 **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
233 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

James L. Reynolds

JAMES L. REYNOLDS SECRETARY/TREASURER 1/03/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME **PD FENDELMAN, BURT** ☐ Delete
STREET ADDRESS **60 GRAMERCY PARK NORTH, GA**
CITY-ST-ZIP **NEW YORK NY 10010**

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

TITLE
NAME **DV BRAUN, JACK** ☐ Delete
STREET ADDRESS **19390 PARK AVE**
CITY-ST-ZIP **DEEPAVEN MN 55391**

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

TITLE
NAME **D DUVAL, PAUL** ☐ Delete
STREET ADDRESS **241 VIOLET DR.**
CITY-ST-ZIP **SANIBEL FL 33957**

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

TITLE
NAME **DST REYNOLDS, JAMES** ☐ Delete
STREET ADDRESS **233 VIOLET DR**
CITY-ST-ZIP **SANIBEL FL 33957**

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

TITLE
NAME **D KRUSA, PAUL** ☒ Delete
STREET ADDRESS **PO BOX 4399**
CITY-ST-ZIP **FRISCO CO 80443**

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

TITLE
NAME **D KRUZICH, JOSEPH A** ☐ Delete
STREET ADDRESS **4727 NORTH HOLLY COURT**
CITY-ST-ZIP **KANSAS CITY MO 64116**

TITLE ☒ Change ☐ Addition
NAME **D KRUZICH, JOSEPH A**
STREET ADDRESS **209 VIOLET DR**
CITY-ST-ZIP **SANIBEL FL 33957**

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:

James L. Reynolds **JAMES L. REYNOLDS 1/3/03 (239) 472 6229**

CR2E037 (10/02)