

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47853

1. Entity Name

SARATOGA LAKE ASSOCIATION, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90008 030 ****61.25

Principal Place of Business

Mailing Address

136 SE 5TH ST
CAPE CORAL FL 33990
US

136 SE 5TH ST
CAPE CORAL FL 33990-1055
US

BU007671

2. Principal Place of Business
Same

3. Mailing Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PELUSO, AL
136 S.E. 5TH ST.
CAPE CORAL FL 33990

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 **Same**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **PELUSO, AL**
STREET ADDRESS **136 SE 5TH ST**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **D** ☐ Change ☒ Add
NAME **Peluso, Pauline**
STREET ADDRESS **136 SE 5th St.**
CITY-ST-ZIP **Cape Coral, FL 33990**

TITLE **D** ☐ Delete
NAME **DRUMM, GORDAN**
STREET ADDRESS **426 SE SANTA BARBARA PL**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **D** ☐ Change ☐ Add
NAME **Bozzoito, Joseph**
STREET ADDRESS **315 SE 2nd Ave.**
CITY-ST-ZIP **Cape Coral, FL 33990**

TITLE **TD** ☐ Delete
NAME **DARLEEN DRUMM**
STREET ADDRESS **426 S.E. SANTA BARBARA PL**
CITY-ST-ZIP **CAPE CORAL FL**

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

TITLE **SD** ☐ Delete
NAME **DAWN PELUSO**
STREET ADDRESS **136 S.E. 5TH ST**
CITY-ST-ZIP **CAPE CORAL FL**

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

TITLE **D** ☐ Delete
NAME **DARRELL RAMSDEN**
STREET ADDRESS **241 S.E. 3RD ST**
CITY-ST-ZIP **CAPE CORAL FL**

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

TITLE **VD** ☐ Delete
NAME **ORDINO, ANTHONY**
STREET ADDRESS **211 SE 2ND AVE**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE ☐ Change ☐ Add
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:

Al. Peluso

Al. Peluso

941-772-9395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #