

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50959

1. Entity Name

HOMEOWNERS ASSOCIATION OF SARASOTA GOLF COLONY,

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90096 025 ****61.25

Principal Place of Business

Mailing Address

7 SOUTH LIME AVE.
SARASOTA FL 34237

P.O. BOX 2692
SARASOTA FL 34230-2692



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

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

KURVIN, STEPHEN H.
7 SOUTH LIME AVENUE
SARASOTA FL 34237

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 \$61.25

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	T	<input type="checkbox"/> Delete
NAME	ANDREWS, ANN M.	
STREET ADDRESS	1820 E. LEEWYN DRIVE	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	S	<input type="checkbox"/> Delete
NAME	LENNON, PATRICK	
STREET ADDRESS	7455 N. LEEWYN DRIVE	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILSON, SAM	
STREET ADDRESS	7526 S. LEEWYN DR	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALLEN, GEORGE	
STREET ADDRESS	7192 N. LEEWYN DRIVE	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GOULD, DAVID	
STREET ADDRESS	7471 N LEEWYNN DR	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MRAZ, PAUL	
STREET ADDRESS	1923 PAR PLACE	
CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENNON, PATRICK	
STREET ADDRESS	7455 N. LEEWYN DR	
CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORBIS, CHUCK	
STREET ADDRESS	7165 N. LEEWYNN DR	
CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, DREW	
STREET ADDRESS	1832 PAR PLACE	
CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLING, RENEE	
STREET ADDRESS	1815 E. LEEWYNN DR	
CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRUZIK, CONRAD	
STREET ADDRESS	1826 E. LEEWYNN DR	
CITY-ST-ZIP	SARASOTA, FL 34240	

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00 941-378-4767
Date Daytime Phone #

CR2E037 (9/99)