

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 16, 2002 8:00 am**
Secretary of State

04-16-2002 90035 032 ****61.25

DOCUMENT # N50959

1. Entity Name

**HOMEOWNERS ASSOCIATION OF SARASOTA GOLF COLONY,
INC.**

Principal Place of Business

Mailing Address

**7 SOUTH LIME AVE.
SARASOTA FL 34237****P.O. BOX 2692
SARASOTA FL 34230-2692**

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

NOT APPLICABLE

Applied For

Not Applicable

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 \$61.259. 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	VP	<input type="checkbox"/> Delete
NAME	WHALIN, DENISE	
STREET ADDRESS	1957 ROLLING GREEN CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STRUZIK, CONRAD J.	
STREET ADDRESS	1826 E. LEEWYN DRIVE	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, DREW	
STREET ADDRESS	1832 PAR PLACE	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	S	<input type="checkbox"/> Delete
NAME	KLING, RENEE	
STREET ADDRESS	1815 EAST LEEWYNN DRIVE	
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	DIT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, ANN M.	
STREET ADDRESS	1820 E. LEEWYN DR.	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	D/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHALIN, DENISE	
STREET ADDRESS	1957 ROLLING GREEN CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)