

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 09, 2001 8:00 am  
Secretary of State

04-09-2001 90043 027 \*\*\*\*61.25

DOCUMENT # N98000001657

1. Entity Name

VENETIAN ISLES AT LAKE CORAL SPRINGS COMMUNITY A

Principal Place of Business

Mailing Address

8100 STATE ROAD 84  
DAVIE FL 33324

8100 STATE ROAD 84  
DAVIE FL 33324



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Surrae Mgmt. Service

7071 W. Commercial Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2B

2B

City & State

City & State

Tamarae FL

Tamarae FL

Zip

Country

Zip

Country

33319 USA

33319 USA

4. FEI Number

65-0834556

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

FLETCHER, PATRICIA K P.A.  
C/O DUANE, MORRIS & HECKSCHER, LLP  
200 SOUTH BISCAYNE BLVD., SUITE 3440  
MIAMI FL 33131

Name  
Surrae Management Services, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
7071 W. Commercial Blvd.  
Suite 2B  
City Tamarae FL Zip Code 33319

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 NAME STREET ADDRESS CITY-ST-ZIP	PD EISENMAN, TOREY 8190 STATE ROAD 84 DAVIE FL 33324	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MESSICK, GREG 8190 STATE ROAD 84 DAVIE FL 33324	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BLAIR, GREG 8190 STATE ROAD 84 DAVIE FL 33324	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Pillinger, Richard 899 NW 123 RD Drive Coral Springs, FL 33071	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Adler, Michael 933 NW 123 RD Drive Coral Springs, FL 33071	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MacInnes, Dennis 767 NW 124th Avenue Coral Springs, FL 33071	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Jones, Greg 919 NW 123 RD Drive Coral Springs, FL 33071	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Popkin, Steven 1017 NW 123 RD Drive Coral Springs, FL 33071	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

FRANCIS J. REED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/01

CR2E037 (10/00)