

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90202 008 ****61.25

0033428

DOCUMENT # N98000001657

1. Entity Name

VENETIAN ISLES AT LAKE CORAL SPRINGS COMMUNITY ASSOCIATION, INC.



Principal Place of Business

**SUNRAE MGMT SERVICES
2B
TAMARAC FL 33319**

Mailing Address

**7071 W COMMERCIAL BLVD
2B
TAMARAC FL 33319**

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 **65-0834556**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SUNRAE MANAGEMENT SERVICES, INC.
7071 W COMMERCIAL BLVD
SUITE 2B
TAMARAC FL 33319**

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

SIGNATURE

Karen Busch

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	MANDART, TRACY	
STREET ADDRESS	722 NW 123 DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ADLER, MICHAEL	
STREET ADDRESS	999 NW 123RD DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	MACINNES, DENNIS	
STREET ADDRESS	767 NW 124TH AVENUE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, GREG	
STREET ADDRESS	919 NW 123RD DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SINGER, DAVID	
STREET ADDRESS	877 NW 124 AVENUE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEINMAN, HOWARD	
STREET ADDRESS	12201 NW 7 DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Faulstich, Robert	
STREET ADDRESS	761 NW 123 RD Drive	
CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carr, David	
STREET ADDRESS	971 NW 124 th Avenue	
CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laetsch, Charles	
STREET ADDRESS	775 NW 124 th Avenue	
CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Montalvo, Richard	
STREET ADDRESS	762 NW 123 RD Drive	
CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Popkin, Steve	
STREET ADDRESS	1017 NW 123 RD Drive	
CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pillinger, Richard	
STREET ADDRESS	899 NW 123 RD Drive	
CITY-ST-ZIP	Coral Springs, FL 33071	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

Robert Faulstich

5/1/03

954-349-8777

CR2E037 (10/02)