

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-21-2002 91206 003 ****61.25

DOCUMENT # N98000002556

1. Entity Name

ASHTON PINES OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5132 ASHTON PINES LANE
 SARASOTA FL 34231

5132 ASHTON PINES LANE
 SARASOTA FL 34231

2. Principal Place of Business

3. Mailing Address

5150 ASHTON PINES LA

5150 ASHTON PINES LA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SARASOTA FL

SARASOTA FL

City & State

City & State

Zip
 34231

Country
 SARASOTA

Zip
 34231

Country
 SARASOTA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0767522

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

PEMBER, CHERYL L
 5132 ASHTON PINES LANE
 SARASOTA FL 34231

Name
 CAROLE S. LUCE

Street Address (P.O. Box Number is Not Acceptable)

5150 ASHTON PINES LANE

City
 SARASOTA

FL

Zip Code
 34231

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 Carole S. Luce
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28-02

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	D PEMBER, GREGG 5132 ASHTON PINES LN SARASOTA FL 34231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEMBER, CHERYL L 5132 ASHTON PINES LN SARASOTA FL 34231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, FRANCES 5183 ASHTON PINES L SARASOTA FL 34231	<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		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D CAROLE S. LUCE 5150 ASHTON PINES LA SARASOTA FL 34231	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T D SCOTT OLSON 2170 ROBIN HOOD ST SARASOTA FL 34231	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D CHERYL STRAUB 5116 ASHTON PINES LA SARASOTA FL 34231	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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:

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

4/28/02 941927 1871
 Date Daytime Phone #

CR2E037 (9/01)