2000 UNIFORM BUSINESS REPORT (UBR) FILED Jul 18, 2000 8:00 am Secretary of State DOCUMENT # N9900000784 1. Entity Name SHERRY BROOK LANE HOMEOWNERS ASSOCIATION, INC. 07-18-2000 90086 001 ****61.25 Mailing Address Principal Place of Business 15904 DOVER CLIFFE DR. 15904 DOVER CLIFFE DR. LUTZ FL 33549-6122 LUTZ FL 33549-6122 70 T B B D D D D 2. Principal Place of Business 3. Mailing Address 8435 Silver Cla 18435 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable Country \$8.75_Additional Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) GOTZ, GEROLD 15904 DOVER CLIFFE DR. LUTZ FL 33549-6122 City submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE "一次,到 1 Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Change **X** Addition TITLE . Delete NAME GOTZ: GEROLD NAME B. Golberg STREET ROOM 15904 DOVER CLIFFE DR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LUTZ FL 33549 6122 DIVP Delete Change Addition TITLE TITLE D David C. NAME NAME SHORT, LEARY 3246 Chelsea Loup STREET ADDRESS STREET ADDRESS 14902 BALSAWOOD PLACE O lakes FL 34(39-4206 CITY-ST-ZIP CITY-ST-ZIP TAmpa FL 33613. ☐ Delete ☐ Change **Addition** TITLE TITLE NAME NAME Brook Ln STREET ADDRESS STREET ADDRESS 2839 Sherry CITY-ST-ZIP CITY-ST-ZIP ____ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

he required

DIL

SIGNATURE:

2000 UNIFORM BUSINESS REPORT (UBR)

#GNATURE: Z

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2000	UNIFORM BOSI	INESS NEFON	1 (00.	",				
DOCUMENT # N9900000784					,	1		
SHERRY BROOK LANE HOMEOWNERS ASSOCIATION, INC.					Allad	horens	784	
Principal Place of Business Mailing Address					11-tac	ac Mus		
15904 DOVER CLIFFE DR. 15904 DOVER CLIFFE DR.					PHA	13950		
LUTZ FL 33549-6122					Attachment 184 Apt naggwood 184			
2. Principal Place of Business 8435 Sering Silver 3. Mailing Address 18435 Sering Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.				r C81		O NOT WRITE IN THIS	S SPACE	
City & Stat	\-/	City & State Lutz FL			4. FEI Number		<u> </u>	oplied For of Applicable
Zip	Country	Zip 33549	Country		5. Certificate of Status	s Desired	\$8.75 Add	
€ ≥**	6. Name and Address of Current R				7. Name and Addres	s of New Registered		
Name)					niel B. Golbern			
GOTZ, GEROLD Street Address (F					O. Box Number is Not	Acceptable) 0		
15904 DOVER CLIFFE DR.				435	Steelin	Silver (
LUTZ FL 33549-6122				L	utz	F	L Zip Code	549
8. The above	name d critity submits this statement for	the purpose of changing its rec	gistered office or	registere	ed agent, or both, in the	state of Florida.		*
San Danis Galher Pres 3/6/00								
SIGNATURE?	Signature, typed or printed name of registered agent are	nd title il applicable. (NO 5 Re	gistered Agent signal	ure required	when reinstating)	DATE		
	FILE NOW: FEE IS \$61.25	9. Election Campaign Find Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution	· -		O May Be to Fees	Make Check Departmer	c Payable to nt of State)
10.	OFFICERS AND DIR		11.		DDITIONS/CHANGES	TO OFFICERS AND D		
TITLE	D COTT CEDOLD	.Delete	TITLE NAME	DIF	d B. Gollberg			∑ Addition
NAME STREET ADORESS CITY-ST-ZIP	G otz, Gerold 15 904 Dover Cliffe D R. Lu tz Fl. 33549-612 2		STREET ADDRESS (184	35 Steeling Signal PL 33	wen Cin.		
TITLE	D	Delete .	TITLE	DIV			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	SHORT, LEARY 14902 BALSAWOOD PLACE TAMPA FL 33613		NAME STREET ADDRESS CITY-ST-ZIP	3374 3374 Lan	16 Unel Sea Lo	ip il 34639-4.	JU6	
TITLE -	TAIN ATE GOODS.	Delete	TITLE:	0/5	17-4 6-5		Cnange	Addition Addition
NAME STREET ADDRESS	•		NAME STREET ADDRESS	Dani 3839		خلة		
CITY-ST-ZIP	-		CITY-ST-ZIP	Lut'				
TITLE	-	☐ Delete	TITLE NAME	<u> </u>			☐ Change	☐ Addition
STHEET ADDRESS			STREET ADDRESS CITY-ST-ZIP					
		Delete	TITLE NAME	[☐ Change	Addition
	* * * * * * * * * * * * * * * * * * * *		STREET ADDRESS			•.		. ,
ST ZIP		A NOTAL STATE OF	CITY-ST-ZIP,	4 2 2	<u> </u>	the state of the s	E Christon	☐ Addition
		☐ Delete	TITLE NAME				Change	
^0000033	**************************************		STREET ADDRESS			~		
ST-ZIP	certify that the information supplied with	this filing does not qualify for th	e exemption sta	ted in Se	ction 119.07(3)(i), Floric	da Statutes, i further c	ertify that the f	nformation
indicated	on this report or supplemental report is poration or the receiver or trustee emport or on an attachment with an adojess, w	true and accurate and that my	eignatura chall h	sove the c	ame lenal effect ac it m	nade under oath, that	Lam an officer	or alrector