

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90044 029 \*\*\*\*61.25

**DOCUMENT # 718546**

1. Entity Name

**PARK CITY HOME OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

8640 SW 20TH ST  
 DAVIE FL 33324-1563  
 US

~~C/O CAROL STEWART TREAS~~ % VICTOR TRAUSSCHT  
~~8601 SW 10 ST~~ TREAS  
 8640 S.W.  
 20TH STR.  
 DAVIE FL 33324  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0100448

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MYERS, ROBERT M.  
 1630 SW 83RD TERRACE  
 DAVIE FL 33324

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 \$61.25**

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 VP  Delete  
 NAME MYERS, ROBERT M.  
 STREET ADDRESS 1630 SW 83RD TERR  
 CITY-ST-ZIP DAVIE FL 33324

TITLE S  Change  Addition  
 NAME Dorothy L. Clark  
 STREET ADDRESS 2251 S.W. 85th Terrace  
 CITY-ST-ZIP Davie, FL. 33324

TITLE P  Delete  
 NAME SCHWAB, WILLIAM J  
 STREET ADDRESS 1870 SW 83RD AVE  
 CITY-ST-ZIP DAVIE FL 33324

TITLE T  Change  Addition  
 NAME Victor H. Trauscht  
 STREET ADDRESS 2251 S.W. 87th Terrace  
 CITY-ST-ZIP Davie, FL. 33324

TITLE T  Delete  
 NAME ~~STEWART, CAROLE~~  
 STREET ADDRESS ~~8601 SW 10TH ST~~  
 CITY-ST-ZIP ~~DAVIE FL 33324~~

TITLE D  Change  Addition  
 NAME Ray Bean  
 STREET ADDRESS 2260 S.W. 87th Avenue  
 CITY-ST-ZIP Davie, FL. 33324

TITLE D  Delete  
 NAME TILLEY, BARBARA ANN  
 STREET ADDRESS 1941 SW 87TH AVE  
 CITY-ST-ZIP FT LAUDERDALE FL 33324

TITLE D  Change  Addition  
 NAME Ray Dussault  
 STREET ADDRESS 2020 S.W. 83rd Avenue  
 CITY-ST-ZIP Davie, FL. 33324

TITLE ~~T~~  Delete  
 NAME ~~STEWART, CAROL~~  
 STREET ADDRESS ~~1870 SW 83RD AVE~~  
 CITY-ST-ZIP ~~DAVIE FL 33324~~

TITLE PP  Change  Addition  
 NAME Janet Nilsen  
 STREET ADDRESS 1881 S.W. 84th Avenue  
 CITY-ST-ZIP Davie, FL. 33324

TITLE ~~T~~  Delete  
 NAME ~~MYERS, RICHARD J SR~~  
 STREET ADDRESS ~~1700 SW 83RD AVE~~  
 CITY-ST-ZIP ~~DAVIE FL 33324~~

TITLE D  Change  Addition  
 NAME MYERS, RICHARD J. SR.  
 STREET ADDRESS 1700 S.W. 83RD AVE.  
 CITY-ST-ZIP DAVIE, FL 33324

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Robert M. Myers*

2/12/2001

954 473-9277

CR2E037 (10/00)