

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90113 001 \*\*\*150.00  
 05-16-2001 90113 002 \*\*\*\*\*8.75

DOCUMENT # 743229  
 1. Entity Name  
Driftwood Village Homeowners Assoc. Inc.

Principal Place of Business Mailing Address  
10960 Peppertree Lane. 10960 Peppertree Ln.  
Port Richey, FL. 34668 Port Richey, FL. 34668  
US U.S.

2. Principal Place of Business 3. Mailing Address  
10960 Peppertree Lane 10960 Peppertree Ln  
 Suite, Apt. #, etc Suite, Apt. #, etc

City & State City & State  
Port Richey, FL Port Richey FL.  
 Zip Country Zip Country  
34668 U.S. 34668 U.S.

4. FEI Number 59-1855919 Applied For  Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

**71655**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
Lichter, Robert  
10960 Peppertree Lane  
Port Richey, FL. 34668

7. Name and Address of New Registered Agent  
 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 Robert S. Lichter Robert S. Lichter DATE 4/22/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE	<u>P.O. Lichter, Robert</u> <input type="checkbox"/> Delete
NAME	<u>10960 Peppertree Lane</u>
STREET ADDRESS	<u>Port Richey, FL. 34668</u>
CITY-ST-ZIP	
TITLE	<u>V.P. Campbell, Gertrude</u> <input type="checkbox"/> Delete
NAME	<u>1115 Island Pine Drivg.</u>
STREET ADDRESS	<u>Port Richey, FL. 34668</u>
CITY-ST-ZIP	
TITLE	<u>P.O. Robert Lichter</u> <input type="checkbox"/> Delete
NAME	<u>10960 Peppertree Lane</u>
STREET ADDRESS	<u>Port Richey, FL. 34668</u>
CITY-ST-ZIP	
TITLE	<u>D. Drachenborg, William R.</u> <input type="checkbox"/> Delete
NAME	<u>11025 Salt Tree Lane.</u>
STREET ADDRESS	<u>Port Richey, FL. 34668</u>
CITY-ST-ZIP	
TITLE	<u>P. Inumes, Joseph</u> <input type="checkbox"/> Delete
NAME	<u>1109 Salt Tree Lane</u>
STREET ADDRESS	<u>Port Richey, FL. 34668</u>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert S. Lichter DATE: 4/22/01 (727) 863-5932  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)