

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743229

1. Entity Name

DRIFTWOOD VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10960 PEPPERTREE LANE
PT. RICHEY FL 34668
US

10960 PEPPERTREE LANE
PT. RICHEY FL 34668
US

2. Principal Place of Business

3. Mailing Address

10960 Peppertree Lane
Suite, Apt. #, etc.

10960 Peppertree Lane
Suite, Apt. #, etc.

City & State
Port Richey, FL

City & State
Port Richey, FL

Zip Country
34668 U.S.

Zip Country
34668 U.S.

6. Name and Address of Current Registered Agent

LICHTER, ROBERT
10960 PEPPER TREE LANE
PORT RICHEY FL 34668

DO NOT WRITE IN THIS SPACE

59-1855919
4. FEI Number APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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

4/5/02

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 PD
NAME LICHTER, ROBERT
STREET ADDRESS 10960 PEPPERTREE LANE
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME LICHTER, ROBERT
STREET ADDRESS 10960 PEPPERTREE LN
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME CAMPBELL, GERTRUDE E
STREET ADDRESS 11115 ISLAND PINE DRIVE
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME DRACHENBERG, WILLIAM R
STREET ADDRESS 11025 SALT TREE LANE
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME JOSEPH GOMES
STREET ADDRESS 11109 SALT TREE LANE
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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.

SIGNATURE: Robert S. Lichter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/02 (727) 863-5932

Date Daytime Phone #

CR2E037 (9/01)

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743229

1. Entity Name

Driftwood Village Homeowners Assocn.

Principal Place of Business

10960 Peppertree Lane. 10960 Peppertree Ln.
Port Richey, FL 34668 Port Richey, FL 34660
US U.S.

2. Principal Place of Business

10960 Peppertree Lane 10960 Peppertree Ln
Suite, Apt. #, etc Suite, Apt. #, etc

City & State

Port Richey, FL

Zip

34668

Country

U.S.

Mailing Address

3. Mailing Address

10960 Peppertree Ln
Suite, Apt. #, etc

City & State

Port Richey FL.

Zip

34668

Country

U.S.

4. FEI Number

59-1855919

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

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

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	PO. Lichter, Robert	<input type="checkbox"/> Delete
NAME	10960 Peppertree Lane	
STREET ADDRESS	Port Richey, FL 34668	
CITY-ST-ZIP		
TITLE	V.P. Campbell, Gertrude E	<input type="checkbox"/> Delete
NAME	11115 Island Pine Drive	
STREET ADDRESS	Port Richey, FL 34668	
CITY-ST-ZIP		
TITLE	PO. Robert Lichter	<input type="checkbox"/> Delete
NAME	10960 Peppertree Lane	
STREET ADDRESS	Port Richey, FL 34668	
CITY-ST-ZIP		
TITLE	D. Drachenberg, William R.	<input type="checkbox"/> Delete
NAME	11025 Salt Tree Lane	
STREET ADDRESS	Port Richey, FL 34668	
CITY-ST-ZIP		
TITLE	D. Thomas, Joseph	<input type="checkbox"/> Delete
NAME	11109 Salt Tree Lane	
STREET ADDRESS	Port Richey, FL 34668	
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		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/01 (727) 863-5532

Attachment!
33130

CR2E034 (11/00)