

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 05, 2004 8:00 am
Secretary of State

DOCUMENT # 743229

1. Entity Name

DRIFTWOOD VILLAGE HOMEOWNERS ASSOCIATION
INC.



04-05-2004 90337 001 *****8.75

04-05-2004 90337 002 *****61.25

DO NOT WRITE IN THIS SPACE

66409681

2. Principal Place of Business

10960 PEPPERTREE LANE
Suite, Apt. #, etc.
PORT RICHEY, FL 34668
City & State

3. Mailing Address

10960 PEPPERTREE LANE
Suite, Apt. #, etc.
PORT RICHEY, FL 34668
City & State

DO NOT WRITE IN THIS SPACE

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**

7. Name and Address of Current Registered Agent

Name

LICHTER, ROBERT

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

10960 PEPPERTREE LANE

City

PORT RICHEY,

FL

Zip Code
34668

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

ROBERT S. LICHTER

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

(NOTE: Registered Agent signature required when reinstating)

2/22/04

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
EVELYN GOMES
11109 SALT TREE LANE
PORT RICHEY, FL 34668

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC
DEBORAH M. ZOLOBKOWSKI
11041 ISLAND PINE DR.
PORT RICHEY, FL 34668

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PATRICIA CUSUMANO
11022 ISLAND PINE DR.
PORT RICHEY, FL 34668

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

ROBERT S. LICHTER

ROBERT S. LICHTER

2/22/04 (727) 863-5932

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)