

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752879

1. Entity Name

FAIRWAY OAKS AT TUSCAWILLA HOMEOWNERS ASSOCIATIO

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90032 020 ****61.25

Principal Place of Business

Mailing Address

52 E SOUTH ST.
% DON ASHER & ASSOC
ORLANDO FL 32801

52 E SOUTH ST.
% DON ASHER & ASSOC
ORLANDO FL 32801-3308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2130018

Applied For

Not Applicable

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

DON ASHER & ASSOCIATES, INC.
52 EAST SOUTH ST
ORLANDO FL 32801

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 PD ☒ Delete
NAME WING, WILLIAM J
STREET ADDRESS 1224 ROYAL OAK DR
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE PD ☐ Change ☒ Addition
NAME THOMAS, JIM
STREET ADDRESS 1228 ROYAL OAK DRIVE
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE VPD ☒ Delete
NAME ZUEMANN, CARL
STREET ADDRESS 1215 OXBOW LANE
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE VD ☐ Change ☒ Addition
NAME DELANEY, KENNETH
STREET ADDRESS 1200 ROYAL OAK DRIVE
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE TD ☐ Delete
NAME GONGAGE, LYDIA
STREET ADDRESS 1220 OXBOW LANE
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE D ☒ Change ☐ Addition
NAME GONGAGE, LIDYA
STREET ADDRESS 1220 OXBOW LANE
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE SD ☐ Delete
NAME KENEALLY, BARBARA
STREET ADDRESS 1229 OXBOW LANE
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition
NAME COON, KATHY PMB304
STREET ADDRESS 2200 WINTER SPRINGS, BLVD # 106
CITY-ST-ZIP OVIEDO, FL 32765

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

407-345-2308
Date Daytime Phone #

CR2E037 (9/99)