

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90184 025 ****61.25

DOCUMENT # 752879

1. Entity Name

FAIRWAY OAKS AT TUSCAWILLA HOMEOWNERS ASSOCIATION, INC.

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2130018

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

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 **ZIEMANN, CARL**
 STREET ADDRESS **1215 OXBOW LANE**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

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

TITLE **VD** ☐ Delete
 NAME **SHULMAN, ANDREW**
 STREET ADDRESS **1219 ROYAL OAK DRIVE**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

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

TITLE **D** ☒ Delete
 NAME **KENEALLY, BARBARA**
 STREET ADDRESS **1229 OXBOW LANE**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **TD** ☐ Change ☒ Addition
 NAME **SHAW, THOMAS**
 STREET ADDRESS **1240 ROYAL OAK DRIVE**
 CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE **SD** ☒ Delete
 NAME **COON, KATHY**
 STREET ADDRESS **2200 WINTER SPRINGS BLVD, #106**
 CITY-ST-ZIP **OVEDO FL 32765**

TITLE **SD** ☐ Change ☒ Addition
 NAME **COLE, JOSEPHINE**
 STREET ADDRESS **1228 ROYAL OAK DRIVE**
 CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **HELENTAL, DONALD**
 STREET ADDRESS **1244 ROYAL OAK DRIVE**
 CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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:

SIGNATURE REQUIRED

4-14-02

407-366-1276

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)