

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

03-23-2001 90014 040 ****61.25

DOCUMENT # N00000002455

1. Entity Name

LOT OWNERS ASSOCIATION OF BOSCHERT'S SUBDIVISION

Principal Place of Business

604 CRESTWOOD RD.
HOLMES BEACH FL 34217

Mailing Address

604 CRESTWOOD RD.
HOLMES BEACH FL 34217



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

NO 1 HUNTINGTON FOREST

Suite, Apt. #, etc.

3072 DeVilla Trail

City & State

St. Charles, MO

Zip

63301

Country

3. Mailing Address

HUNTINGTON FOREST

Suite, Apt. #, etc.

3072 DeVilla Trail

City & State

St. Charles, MO

Zip

63301

Country

4. FEI Number

43-0948906

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSS, MICHAEL W
604 CRESTWOOD RD.
HOLMES BEACH FL 34217

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

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

TITLE NAME PTDC BOSCHERT, VIRGINIA
STREET ADDRESS 1 Huntington Forest
CITY-ST-ZIP St. Charles, MO 63301

TITLE NAME VSDM OSTENDORF, JUDITH
STREET ADDRESS 1 Huntington Forest DeVilla Trail
CITY-ST-ZIP St. Charles, MO 63301

TITLE NAME Bob Cox
STREET ADDRESS 7408 RiverView Drive
CITY-ST-ZIP Bradenton FL 34209

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME
STREET ADDRESS 3072 DeVilla Trail
CITY-ST-ZIP

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CITY-ST-ZIP

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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: Judith Ostendorf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/01 (636)441-3195
Date Daytime Phone #

CR2E037 (10/00)