# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 31, 2002 8:00 am**
**Secretary of State**
03-31-2002 90057 047 ****61.25

0028811

DOCUMENT # N14078

1. Entity Name

TOWNHOMES AT ORANGE DRIVE HOMEOWNERS ASSOCIATION , INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O DANIEL L. DAMMYER, CPA<br>5975 WEST SUNRISE BLVD., ~~STE 205D~~<br>SUNRISE FL 33313 | C/O DANIEL L. DAMMYER, CPA<br>5975 WEST SUNRISE BLVD., ~~STE 205D~~<br>SUNRISE FL 33313 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. ~~#~~ 216 | Suite, Apt. #, etc. ~~#~~ 216 |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-2695211 ☐ 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 |
|---|---|
| DAMMYER, DANIEL L., CPA<br>5975 WEST SUNRISE BLVD. #216<br>SUNRISE FL 33313 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>ZIEGLER, SCOTT<br>7061 SW 42 CT<br>DAVIE FL 33314 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GLASER, ROBERTA<br>4324 SW 70 TR<br>DAVIE FL 33314 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>SOLOMON, SHELLY<br>4351 SW 70 TR<br>DAVIE FL 33314 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>DUVAL, CATHY<br>4210 SW 70 TERRACE<br>FORT LAUDERDALE FL 33314 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>VIDE, KAREN<br>7045 SW 42 PLACE<br>DAVIE FL 33314 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>RAGAN, DORA<br>7065 SW 42 CT<br>DAVIE FL 33314 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SIT<br>John Breedlove<br>4268 SW 70 Terr<br>Davie, FL 33314 | ☐ Change ☒ Addition |

CR2E037 (9/01)

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:** Scott Ziegler President 3-13-2002 954 4769433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #