

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90033 008 \*\*\*\*61.25

**DOCUMENT # N29375**

1. Entity Name

**INTERNATIONAL BASS LAKE RESORT HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2180 WEST SR 434, STE. 5000  
 LONGWOOD FL 32779-5044  
 US

2180 WEST SR 434, STE. 5000  
 LONGWOOD FL 32779-5044  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2955906**

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

**HART, JAMES W JR.**  
**SENTRY MANAGEMENT, INC.**  
 2180 WEST SR 4334, STE. 5000  
 LONGWOOD FL 32779-5044

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 **HOLLO, JEROME**  
 STREET ADDRESS **2816 E ROBINSON ST #200**  
 CITY-ST-ZIP **ORLANDO FL 32803**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **PARKER, LINDA**  
 STREET ADDRESS **2816 E ROBINSON ST #200**  
 CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **VD**  Change  Addition  
 NAME **MORGAN, WILLIAM**  
 STREET ADDRESS **50989 HWY 27 #132**  
 CITY-ST-ZIP **DAVENPORT, FL 33897**

TITLE **STD**  Delete  
 NAME **PETROFF, GEORGE**  
 STREET ADDRESS **12000 US HWY 27 N #231**  
 CITY-ST-ZIP **DAVENPORT FL**

TITLE **STD**  Change  Addition  
 NAME **MASSARO, MARGARET**  
 STREET ADDRESS **50989 HWY 27 #114**  
 CITY-ST-ZIP **DAVENPORT, FL 33897**

TITLE **D**  Delete  
 NAME **ARRICO, ROBERT**  
 STREET ADDRESS **12000 US HWY 27 N #27**  
 CITY-ST-ZIP **DAVENPORT FL 33837**

TITLE **D**  Change  Addition  
 NAME **DAHAN, PHILLIP**  
 STREET ADDRESS **c/o EPMS, INC. 100 S. BISCANE BLVD.**  
 CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **VD**  Delete  
 NAME **HOLLO, WAYNE**  
 STREET ADDRESS **2816 E ROBINSON ST # 200**  
 CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **D**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*William Morgan*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*William Morgan*

*3-12-02 863-424-5409*  
 Date Daytime Phone #

CR2E037 (9/01)