

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

0081154

DOCUMENT # N94000000256

1. Entity Name

RUXTON VILLAGE II HOMEOWNERS ASSOCIATION, INC.

04-10-2001 90082 042 ****61.25

Principal Place of Business

Mailing Address

40347 US 19 NORTH
 STE 201
 TARPON SPRINGS FL 34689

PO BOX 695
 TARPON SPRINGS FL 34689



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3232124

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

KARAGIANS, IRENE
40347 US 19 NORTH
STE 201
TARPON SPRINGS FL 34689

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
 NAME: ABATE, MICKEY Delete
 STREET ADDRESS: 7638 HAIGE COURT
 CITY-ST-ZIP: NEW PORT RICHEY FL

TITLE: PRESIDENT: Change Addition
 NAME: DONALD STODDARD
 STREET ADDRESS: 7619 TOLAR DRIVE
 CITY-ST-ZIP: NEW PORT RICHEY, FL. 34654

TITLE: VP
 NAME: FORMOSA, PAT Delete
 STREET ADDRESS: 7530 ROY COURT
 CITY-ST-ZIP: NEW PORT RICHEY FL

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
~~NEW PORT RICHEY, FL. 34654~~

TITLE: TD
 NAME: STREETER, SHIRLEY Delete
 STREET ADDRESS: 7645 UPTON COURT
 CITY-ST-ZIP: NEW PORT RICHEY FL 34654

TITLE: TREASURER: Change Addition
 NAME: ROSS, WILLIAM
 STREET ADDRESS: 7620 TOLAR DRIVE
 CITY-ST-ZIP: NEW PORT RICHEY, FL. 34654

TITLE: SD
 NAME: LIEHR, JOHN Delete
 STREET ADDRESS: 7623 TOLAR DRIVE
 CITY-ST-ZIP: NEW PORT RICHEY FL 34654

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
~~NEW PORT RICHEY, FL. 34654~~

TITLE: D
 NAME: HILL, GEORGE Delete
 STREET ADDRESS: 10701 MILL RIVER DRIVE
 CITY-ST-ZIP: NEW PORT RICHEY FL 34654

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
~~NEW PORT RICHEY, FL. 34654~~

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
~~NEW PORT RICHEY, FL. 34654~~

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
~~NEW PORT RICHEY, FL. 34654~~

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: **Donald Stoddard**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 27 2001
 Date

Daytime Phone #

CR2E037 (10/00)