

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 15, 2002 8:00 am
Secretary of State

05-15-2002 90044 032 ****61.25

DOCUMENT # N95000005639

1. Entity Name

GLYNWOOD HIGHLANDS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**1619 SHETLAND TR
DUNEDIN FL 34698-4452**

Mailing Address

**1619 SHETLAND TR
DUNEDIN FL 34698-4452**

2. Principal Place of Business

P.O. BOX 995
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 995
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DUNEDIN, FL.

City & State

DUNEDIN, FL.

4. FEI Number

59-3425071

☒ Applied For
☐ Not Applicable

Zip

34698

Country

USA

Zip

34698

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KRISCHER, TERRY L
1619 SHETLAND TR
DUNEDIN FL 34698-4452**

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 **DP** ☒ Delete
NAME **BEATY, STEVEN**
STREET ADDRESS **1050 PRESTWICK PLACE**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **DVP** ☒ Delete
NAME **DETRAZ, DEE**
STREET ADDRESS **1021 GLYNWOOD PL**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **DS** ☒ Delete
NAME **CALLAGHAN, JEANNE**
STREET ADDRESS **1035 PRESTWICK PL**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **DT** ☐ Delete
NAME **IKRISCHER, TERRY L**
STREET ADDRESS **1619 SHETLAND TR**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Change ☐ Addition
NAME **TITO CALUORI**
STREET ADDRESS **1030 PRESTWICK PLACE**
CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE **DVP** ☒ Change ☐ Addition
NAME **MARK PAPIA**
STREET ADDRESS **1060 PRESTWICK PLACE**
CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE **DS** ☒ Change ☐ Addition
NAME **GARY BACH**
STREET ADDRESS **1020 PRESTWICK PLACE**
CITY-ST-ZIP

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

TITLE **D** ☐ Change ☒ Addition
NAME **BOB NUNLEY**
STREET ADDRESS **1021 GLYNWOOD PLACE**
CITY-ST-ZIP **DUNEDIN, FL 34698**

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/02 727-768-8131
Date Daytime Phone #

CR2E037 (9/01)