

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90173 006 ****61.25

DOCUMENT # N98000001125

1. Entity Name

LUGANO COURT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**713 CENTER CREST BOULEVARD
 DAVENPORT FL 33837**

Mailing Address

**713 CENTER CREST BOULEVARD
 DAVENPORT FL 33837-7115**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2933876

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAGER, TEODOR
713 CENTER CREST BOULEVARD
DAVENPORT FL 33837

resigned

Name

Wm. English

Street Address (P.O. Box Number is not Acceptable)

9 Lugano Court

City

Davenport

FL

Zip Code

33837

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 **SAGER, THEODORE J**
 STREET ADDRESS **713 CENTER CREST BOULEVARD**
 CITY-ST-ZIP **DAVENPORT FL 33837**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** Delete
 NAME **SAGER, ANNALIESE F.**
 STREET ADDRESS **713 CENTER CREST BOULEVARD**
 CITY-ST-ZIP **DAVENPORT FL 33837**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** Delete
 NAME **SAGER, ANDREAS M**
 STREET ADDRESS **713 CENTER CREST BOULEVARD**
 CITY-ST-ZIP **DAVENPORT FL 33837**

TITLE 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

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE 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 an other like empowered.

SIGNATURE:

SIGNATURE *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-2000

Date

Daytime Phone #

CR2E037 (9/99)