

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755049

1. Entity Name

WOODSTREAM AT TUSCAWILLA HOMEOWNERS' ASSOCIATION

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90381 027 ****61.25

Principal Place of Business

Mailing Address

% RUSCH, SARA J.
1012 NANCY CIR
WINTER SPRINGS FL 32708
US

% RUSCH, SARA J.
1012 NANCY CIR
WINTER SPRINGS FL 32708-4333
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2378034

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

RUSCH, SARA J.
1012 NANCY CIR
WINTER SPRINGS FL 32708

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 DP ☒ Delete
NAME TREADWAY, THOMAS
STREET ADDRESS 1002 NANCY CIR
CITY-ST-ZIP WINTER SPRINGS FL

TITLE DP ☒ Change ☐ Addition
NAME JACK GENDALL
STREET ADDRESS 904 KIM CT.
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE DVP ☒ Delete
NAME BREDHOLT, CHRISTINE
STREET ADDRESS 1027 NANCY CIR
CITY-ST-ZIP WINTER SPRINGS FL

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

TITLE DS ☐ Delete
NAME SCARLATA, TERRY
STREET ADDRESS 1006 NANCY CIR
CITY-ST-ZIP WINTER SPRINGS FL

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

TITLE DT ☐ Delete
NAME RUSCH, SARA J
STREET ADDRESS 1012 NANCY CIR
CITY-ST-ZIP WINTER SPRINGS FL

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
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SARA JO RUSCH, TREASURER

1-28-00 407-681-4444

Date

Daytime Phone #

CR2E037 (9/99)