


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90772 044 ****61.25

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DOCUMENT # 735697			
1. Entity Name PICCIOLA ISLAND SUBDIVISION HOMEOWNER'S ASSOCIATION, INC.			
Principal Place of Business 33416 E PICCIOLA DRIVE FRUITLAND PARK FL 34731		Mailing Address 33416 E PICCIOLA DRIVE FRUITLAND PARK FL 34731	
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 59-1726247		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BUCHER, JOSEPH E 33416 E PICCIOLA DRIVE FRUITLAND PARK FL 34731		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHER, JOSEPH E	NAME	
STREET ADDRESS	33416 E. PICCIOLA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELAINE, SPARKS	NAME	
STREET ADDRESS	33520 E. PICCIOLA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERS, DONNA	NAME	
STREET ADDRESS	33636 W. PICCIOLA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHER, KATHRYN	NAME	
STREET ADDRESS	33416 E. PICCIOLA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUSSEAU, CHARLES	NAME	
STREET ADDRESS	15250 BRYAN ROAD	STREET ADDRESS	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAEFEER, JOHN	NAME	
STREET ADDRESS	33446 E. PICCIOLA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	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: *FOR JOSEPH E. BUCHER* **JOSEPH E. BUCHER** 4/28/03 352/365-2169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE037 (10/02)